1	

			Regi Only			,						ſ	S	Æ	P	Δ	<b>.</b>												
			1.							Unit	ed S	tates	Envi	ronme	ental	Prot	ection	n Age	ency										
									Цŧ	27	ar			ngton, S W				D۵	rn	ni+									
									П	<b>1</b> 4	aı,			s v olic		1			111	17	US E	PA RE	CORE	DS CE	NTER	REGI	ON 5		
	te Re		ved ay	Ye	ar							-	74 F	ar	/ 什 /	L. ~	/											!	
						-					(R	ead th	_	al tructio			starti	ing)	_			133111		.0049		)	 		
1. 1	insta	llati	on's l	EPA	ID N	umb	er (/	Vark	'X' ir.	the	арр	ropr	iate	box)	_	Z													
		A. F	irst F	art /	A Sui	bmis	ssior	1							Х		В. Р	art /	A Am	endi	meni	t #_		_		-			
C.	Insta	allati	ion's	EPA	ID N	lumb	er					D.	Sec	onda	ıry II	) Nu	mbe	er <i>(If</i>	appl	icabi	le)								
M	I	D	0	7	4	2	5	9	5	6	5	N	A																
II. I	Nam	e of	Facil														-		T	•	<del></del>		<del></del>		т	<del></del>	т—	<del></del>	
D	Y	N	E	С	0	L			Ι	N	С				1														
111.	Faci	lity f	Locat	ion (	(Phy.	sical	l ada	iress	not	P.O.	Вох	or F	?oute	e Nun	nbei	<u> </u>													
A.	Stree	et					<del>-</del>	<del></del>					,	· — ,						<del>, ,</del>	,		r	<del></del>	<del></del>	1	1	т	<del></del>
6	5	2	0		G	E	0	R	G	I	A																<u> </u>		
Str	eet /	'Con	ntinue	d)		,		<del>,                                    </del>	· <del></del>				<del></del>	<del></del>						1 1		<del></del>	<del>r</del>	τ	<del></del>	1	<del></del>	т —	1
				<u> </u>																									
	y or		<del>,                                    </del>			<del> ,</del>	<del>,</del> -	<del>,</del> -				······································		<del></del>				Sta	ite	Zip	Coc			<del></del> -	·	· · · ·	<del></del>		
D	E	T	R	0	I	Т								Ш				М	I	4	8	2	1	1	_				
	unty C (If known			· · · · ·	y Nar	· · · · · · · · · · · · · · · · · · ·			<del></del>			<del></del> -	<del></del>	<del>—</del>		<del></del>		· · ·	1	<del></del>	<del></del> -	<del></del>						1	
			W	A	Y	N	E																				_		
R	Land	4 Tw	ael C	). Ge	ogra	ıphic	: Loc	cation	<u> </u>											<u> </u>	_			cility		tenc	e Da Yea		
<u> </u>						-			• .		<del>.</del>								Ja	:)	- 1	Moi	Λtn	Da	117		V		I
<u> </u>	nter co		-   -	LAT/7	TUDE	<u> </u>	T	minute	1		~~ í			JDE (D	Ť		$\neg$ $\vdash$									_			
(Er	nter co	ode)	-   -	<i>LATIT</i>	TUDE	2	3	minute 0	1	secono 5	~~ í			<i>JDE (D</i>	Ť		$\neg$ $\vdash$									1		7_4	6
(Er	P Fac	ode)		<i>LAT</i> // 4 /2 ing <b>A</b>	TUDE	2	T	7 [	1		~~ í			$\overline{}$	Ť		$\neg$ $\vdash$									]			6
(Er	P Fac	ode)	Maili	<i>LAT</i> // 4 /2 ing <b>A</b>	7UDE 2 Addre	2	T	7 [	1		~~ í		8	$\overline{}$	Ť		$\neg$ $\vdash$									]			6
IV. Str	P Fac	cility	Mailii O. Bo	<i>LAT</i> // 4 /2 ing <b>A</b>	7UDE 2 Addre	2	3	0	3	5			8	3	0			) 5	5 6	5	Cod	0				]			6
IV. Str	P Fac	cility	Mailii O. Bo	<i>LAT</i> // 4 /2 ing <b>A</b>	2 ddre	2	3	0	3	5			8	3	0		E	T Sta	ite	Zip		0				]			6
IV. Str 6 City	Fac eet of	ode) cility or P. 2 Tow	Mailin O. Bo	4 2 ing A	TUDE 2 Addre	2 ess E	0	R	G G	] 5	A	0	8 S	<b>T</b>	R	E	E	T Sta	ite	Zip		O ie	9	1		1			
IV. Str 6 City D	Fac eet of	cility or P. 2 Tow	Mailin O. Bo	4 2 ing A	TUDE 2 Addre	2 ess E	0	R	G G	] 5	A	0	8 S	<b>T</b>	R	E s at i	E	T Sta	ite	Zip		O ie	9	1		]			6
IV. Str 6 City D	Fac	cility or P. 2 Tow	Mailin O. Bo	4 2 ing A	G I	2 ess E	0	R	G G	] 5	A	0	8 S	<b>T</b>	R	E s at i	E	T Sta	ite	Zip		O ie	9	1					
IV. Str 6 City D V. Nai	Facilities (4)	Documents of the second of the	Mailin O. Bo	4 2 ing A	G I	2 ess E	3 0	R	G G	] 5	A	0	8 S	T T	R R	E E s at i	E E	T Sta	ite	Zip	8	0 de 2	1						6
IV. Str 6 City D V. Nan	Facility of Title	Documents of the second of the	Mailin O. Bo	0 M	G G A A	E T on to	3 0	R	G G	] 5	A	0	8 S	T T	R R	E E s at i	E E	T Sta	ite I	Zip	8	0 de 2	1						6
IV. Str 6 Citt D V. Nan B Job P VI.	Facility of Title	Tow  Edility  Tow  T  Edility  Edility  Edility  Edility  Edility	Mailin O. Bo	O M I act A	G I Person	2 Pess E T N E eess (	O N N N (See	R	G G	I I I I I I I I I I I I I I I I I I I	A	0	8 S	T T	R R	E E s at i	E facili	T Sta	tte I K	Zip	8	0 de 2	1						
IV. Str 6 Citt D V. Nan B Jot P VI. A. Loca	Facilities R	T E E E E E Mailing	Mailin O. Bo	M I act A	G G A A D Addre	E T On to  Strees	N N (See	R	G G	I I I I I I I I I I I I I I I I I I I	A	0	8 S	T T	R R	E E s at i	E facili	T Sta	tte I K	Zip	8	0 de 2	1						
IV. Str 6 Citt D V. Nan B Job P VI. A. Loca	Facilities R Facilities R Facilities R	Tow  Edility  Tow  T  Edility  E  E  E  E  K  Mailling  X	Mailin O. Bo	M I act A	G G A A D Addre	E T On to  Strees	N N See	R	G G Box	I I I I I I I I I I I I I I I I I I I	A	0	8 S	T activ	R R	E E s at i	E A Number 3	T Sta M Nity)  N S S	K (Area 5	<b>Zip</b> 4 7	8 de an	ode 2	1						
IV. Str 6 City D V. Nan B Jok P VI. A. Locae X	Facilition National N	cility  Tow  I T  Elle  E  Ility  X  Town	Mailin O. Bo	ng A  O  A  A  O  A  A  A  A  A  A  A  A  A	G  I  Perso  Addre  B. S  6	E T On to  Strees	N N See	R R T instr	G G Box	I I I I I I I I I I I I I I I I I I I	A	O O	S S	T activ	R R F Pho	E sati	E A Number 3	T Sta	K (Area 5	<b>Zip</b> 4 7	8 de arr	ode 2	1 1 vumbe						

	-
4	

EPA	I.D. Number (Enter from page 1)  I D O 7 4 2 5 9 5 6 5																Se	con	dary	ID N	umb	er <i>(E</i>	nter	from	pag	ge 1)	•	
M			Ť	T	Τ	T	Ť	5	6	5								Γ			Τ							
<del></del>		tor Inf					-	-					101															
Nam	e of C	Operat	or																			•						
D	Y	N E		: 0	L	,		I	N	С																		
Stree	et or l	P.O. B	οx	<b>.</b>		<del></del>			L		·	4					<u> </u>	•		•		•						
6	5	2 0		G	E	0	R	G	I	Α		s	Т	R	Е	E	Т											
City	or To	wn						1									Sta	te	ZI	P Co	ode							
D	Е	тR	О	I	T												М	I	4	8	2	1	1	_				
		<u></u>				<del></del>				•			<del></del>															
Phor	a Nu	mber	/Are	a Co	de ai	nd Ni	umhi	or)					В.	Ope Ty <sub>l</sub>		r C. Change of Operator Indicator						r	М	Da Ionth		Chang Day	jed Yea	ar
3		3 —	5	T	T	T	7	1	4	1						Vec No No												
VIII. I								<u> </u>												L	Δ							
A. Na	I. Facility Owner <i>(See instructions)</i> Name of Facility's Legal Owner																											
D		N E	Т	T-	T	1		I	N	С																		
		P.O. B			<u>.                                     </u>	<u>'</u>		I.T	L <u></u> -			1	l		l		l	<b>I</b>		<u> </u>	J	1	<b>1</b>	J				
6		2 0		G	Е	0	R	G	I	A		s	Т	R	Е	E	Т											
City	or To	wn	1.	<u> </u>	<del>1</del> .		I	1					I				Sta	te	ZI	P Co	de							
D	E '	r R	0	I	Т												M	I	4	8	2	1	1	_				·
		<b>.</b>		<b></b>			•	· · · · · ·		<b></b>																		
Phon	e Nii	mber (	Are:	a Col	de ar	nd Ni	ımhe	)   (1)					В. С	Owne	r Ty	ре	C. Change of Owner Indicator							Da onth		hang ay	ed Ye	ar
		3 —	5	7	1	_	7	1	4	1				F	,		Y	es		. Г	X				T	<u> </u>		
IX. SI	C Co	des <i>(4</i>	l-digi	it, in	orde	r of s	signi	ficar	ice)		!																	
				·		nary	•												s	ecor	ndary	,						
4	9 !	5 3	(De.	scriptio	n) Re	fus	 :e .9	 Vst	ems				8	9	9	9	(Des	scriptio		~~~	ices							
			<u> </u>			ndar		700	CILIC	<u>,                                     </u>			<u> </u>				<u> </u>				ndary		-					
			(De.	scriptio													(Des	scriptio										_
X. Ot	her E	nviron	men	ital P	ermi	ts <i>(S</i>	See ii	nstru	ctio	ns)																		
A. Pe	ermit	Туре																										
(En	ter c	ode)	ĺ				8	. Pe	rmit	Num	ber									С	. Des	crip	tion					
	Е		s	Е	W	Е	R		Р	E	R	М	Т	т		s	ee	Apr	enc	lex	A.1						-	一
																		1-1-										
	E		A	I	R		Р	Е	R	M	I	Т				s	ee	App	enc	lex	A.1	·						
	R		M	I	С	H	1	G	A	N	<u> </u>	R	<u></u>	D	<u> </u>	-	<u></u>	AE?										
			-			11	7	-	A	IN		K	C	R	A	_A	ct	43 <u>1</u>	•									
			1									1	[			1												



EPA I.D. Number (Enter from page 1)	Secondary ID Number (Enter from page 1)
M I D O 7 4 2 5 9 5 6 5	

### XI. Nature of Business (Provide a brief description)

Treatment and Storage of hazardous and non-hazardous wastes. Refer to Part B Permit/License (MI) reissued on March 16, 1998 for more detailed information.

### XII. Process Codes and Design Capacities

- A. PROCESS CODE- Enter the code from the list of process codes below that best describes each process to be used at the facility. Thirteen lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. For "other" processes (i.e., D99, S99, T04 and X99), describe the process (including its design capacity) in the space provided in item XIII.
- B. PROCESS DESIGN CAPACITY For each code entered in column A, enter the capacity of the process.
  - 1. AMOUNT Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process.
  - 2. UNIT OF MEASURE For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.
- C. PROCESS TOTAL NUMBER OF UNITS Enter the total number of units used with the corresponding process code.

PROU CODI		APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROC CODE		APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	
D79  D80 D81 D82 D83 D99  S01 S02 S03 S04 S05 S06 S99	Disposal: Underground Injection  Landfill Land Treatment Ocean Disposal Surface Impoundment Other Storage Storage: Container (Barrel, Drum, Etc.) Tank Waste Pile Surface Impoundment Drip Pad Containment Building Other Disposal	Gallons; Liters; Gallons Per Day; or Liters Per Day Acre-feet or Hectare-meter Acres or Hectares Gallons Per Day or Liters Per Day Gallons or Liters Any Unit of Measure Listed Below Gallons or Liters Gallons or Liters Cubic Yards or Cubic Meters Gallons or Liters Callons or Liters Cubic Yards or Cubic Meters Gallons or Liters Cubic Yards or Cubic Meters Any Unit of Measure Listed Below	787 788 789 790 791 792 793	Smelting, Melting, Or Refining Furnace Titanium Dioxide Chloride Process Oxidation Reactor Methane Reforming Furnace Pulping Liquor Recovery Furnace Combustion Device Used In The Recovery Of Sulfur Values From Spent Sulfuric Acid Halogen Acid Furnaces Other Industrial Furnaces Listed in 40 CFR \$260.10 Containment Building	Gallons Per Day; Liters II Day; Pounds Per Hour; S Tons Per Hour; Kilogram Per Hour; Metric Tons Per Day; Metric Tons Per Day; or E Per Hour  Cubic Yards or Cubic Mete	Short is er ur; Stu's
T01 T02 T03 T04	Treatment: Tank Surface Impoundment Incinerator Other Treatment Boiler	Gallons Per Day or Liters Per Day Gallons Per Day or Liters Per Day Short Tons Per Hour; Metric Tons Per Hour; Gallons Per Hour, Liters Per Hour; or Btu's Per Hour Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; or Btu's Per Hour Gallons or Liters	X01 X02 X03	Miscellaneous (Subpart ) Open Burning/Open Detonation Mechanical Processing  Thermal Unit	Any Unit of Measure Listed Below Short Tons Per Hour; Metri Tons Per Hour; Short Tons Per Day; Metric Tons Per L Pounds Per Hour; or Kilograms Per Hour Gallons Per Day; Liters Per Day; Pounds Per Hour; Sh Tons Per Hour; Kilograms Hour; Metric Tons Per Day;	ic Pay; ort Per
T81 T82 T83 T84 T85 T86	Cement Kiln Lime Kiln Aggregate Kiln Phosphate Kiln Coke Oven Blast Furnace	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; or Btu's Per Hour	X04 X99	Geologic Repository Other Subpart X	Metric Tons Per Hour; Sho Tons Per Day; or Btu's Per Hour Cubic Yards or Cubic Mete Any Unit of Measure Listed Below	rs

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
Gallons Gallons Per Hour Gallons Per Day Liters Liters Per Hour Liters Per Day	E U L H	Short Tons Per H Metric Tons Per I Short Tons Per D Metric Tons Per L Pounds Per Hour Kilograms Per Ho	Hour W lay N Day S ' J	Cubic Yards  Cubic Meters  Acres  Acre-feet  Hectares  Hectare-meter  Btu's Per Hour	



200	3C P	iiii O	i iypi	C AASTI	TELLITE type (12-enalacters per men) in the unsh	aueu aieas	Ottily									
EPA	I.D.	Nur	nber	(Ent	er from page 1)		Se	condary II	) Nu	mbe	er <i>(E</i>	nter	fron	pag	e 1)	
М	I	D	0	7	4 2 5 9 5 6 5											
XII.I	roc	ess (	Code	s an	d Design Capabilities (Continued)											
		XAM		FOR (	COMPLETING ITEM XII (shown in line number X-1	below): A fa	acility	v has a stor	age .	tank	, whi	ich ca	n ho	old 53	3.788	9
Lii		1	Proce		B. PROCESS DESIGN CAPA	CITY		<del></del>	4	roc				or Off		
Nun	nber _		Code n list a		1. Amount (Specify)			2. Unit Of Measure (Enter code)	N	Tota umb Un	er			Ise C	niy	
x	1	s	0	2	5 3	3 7 8	8	G	0	0	1					
	1		 		5	4.7 0	0	G	0	0	_1_					
	2				1 3	6.2 0	0	G	0	0	8					
	3					<b>-</b>								_		
	4		<u> </u>						_							
	5				·	<u> </u>										
_	6													_		
	7													<u> </u>		
	8															
	9								_							
7	0								<u> </u>							
7	1								<u></u>							
1	2								<u></u> .							
1	3															
	as	abo	ve. N	שמחש	ed to list more than 13 process codes, attach an a er the lines sequentially, taking into account any item XIII.	additional s lines that w	heet vill be	(s) with the used for "d	info othe	rma r" pi	tion roces	in the sses (	e san (i.e., .	ne foi D99,	rmat S99,	
XII	l. Ot	her I	Proce	esses	s (Follow instructions from item XII for D99, S.	99, T04 and	d X99	process o	code	(5)						
	ne nber		Proc Code		B. PROCESS DESIGN CAPACITY			Process			7. De	scrip	tion	Of PI	roces	is
(Ente	r #s in w/XII)	[	m list a		1. Amount (Specity)	2. Unit Of Measure (Enter code)	NL	Total umber Units								
X	1	7	0	4	•						/n·	situ	Vitrii	ficatio	211	
	1	T	0	1	144.000	U	0.	13								
																i
	2															
				·		<u> </u>	<del></del>									
	3															
						<del></del>	·									
_	4		<u> </u>			Γ	<u></u>									
		L	<u> </u>	<u></u>		L	<u></u>									



	re 1)	ı pag	fron	nter	er <i>(E</i>	umb	D. Ni	PA I.	E
6 5	5 6 5	0 5 6 5					O 7 4 2 5 9 5 6 5		PA I.D. Number (Enter from page 1)

### XIV. Description of Hazardous Wastes

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE '	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	Τ	METRIC TONS	М

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

### D. PROCESSES

### 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/ or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

- 1. Enter the first two as described above.
- 2. Enter "000" in the extreme right box of item XIV-D(1).
- 3. Enter in the space provided on page 7, item XIV-E, the line number and the additional code(s).
- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

			A. EPA HAZARD	B. ESTIMATED										D.	PROCESS			
Lii Num			W	457	ARD E NC code	2.	ANNUAL QUANTITY OF WASTE	MEASURE (Enter code)		(	I) PR	OCE	ss c	CODE	S (E	Inter)	1	(2) PROCESS DESCRIPTION (If a code is not entered in D(1))
Х	1	1	r	0	5	4	900	p	7	0	3	D	8	0				
х	2		2	0	0	2	400	P	7	0	3	D	8	0				
X	3		2	<del>                                     </del>		1	100	P	7	0	3	D	8	0				
х	4		2	0	0	2												Included With Above

Secondary ID Number (Enter from page 1) EPA I.D. Number (Enter from page 1) 7 5 5 I 0 4 2 5 9 6 М D XIV. Description of Hazardous Wastes (Continued) A. EPA B. Estimated C. Unit of D. PROCESSES Hazardous Annual Measure (2) PROCESS DESCRIPTION (1) PROCESS CODES (Enter code) (Enter Line Waste No. Quantity Number (Enter code) of Waste (If a code is not entered in D(1)) code) See Table A.l for listing 10,000,0\$0 P S 0 of waste codes 2 2 See Table A.2 for listing 0 1 S 432,000,000 P 0 3 of waste codes 5 6 7 8 9 2 3 5 1 6 7 1 1 8 9 0 2 1 2 2 2 3 4 5 6 7 8 9 3 0 3

	Form Approved, OMB No. 20	150 0024 Evpires 10/21	/00
Please print or type with ELITE type (12 aracters per inch) in the unshaded areas only	Form Approved, ONB No. 20	GSA No. 0248-EPA-	0T
EPA I.D. Number (Enter from page 1) Secondary II	D Number <i>(Enter fre</i>	om page 1)	
M I D O 7 4 2 5 9 5 6 5			
XV. Map			
Attach to this application a topographic map, or other equivalent map, of the area extending to at least of the map must show the outline of the facility, the location of each of its existing and proposed intake a hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground other surface water bodies in this map area. See instructions for precise requirements.	nd discharge structur	es, each of its	
XVI. Facility Drawing			
All existing facilities must include a scale drawing of the facility (See instructions for more deta	nil).		
XVII. Photographs			
All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more of		storage, treatment	ŕ
XVIII. Certification(s)			
I certify under penalty of law that this document and all attachments were prepared under accordance with a system designed to assure that qualified personnel properly gather submitted. Based on my inquiry of the person or persons who manage the system, or those for gathering the information, the information submitted is, to the best of my knowledge complete. I am aware that there are significant penalties for submitting false information, and imprisonment for knowing violations.	r and evaluate the se persons directly e and belief, true, a	information responsible nccurate, and	
Owner Signature Frank Belemann	Date Signed	1998	
Name and Official Title (Type or print) Frank J. Biermann, President	1 /40 4		┪
Owner Signature Company of the Compa	Date Signed		-
Name and Official Title (Type or print)			
Operator Signature Trank Bleimann	Date Signed	1998	
Name and Official Title (Type or print) Frank J. Biermann, President	`	· -	
Operator Signature	Date Signed		
Name and Official Title (Type or print)			
XIX. Comments			
			٦
			$\dashv$
			$\dashv$
			$\dashv$

Note: Mail completed form to the appropriate EPA Regional or State Office. (Refer to instructions for more information)









### TABLE A.1 WASTE CODES ACCEPTED AT THE CONTAINER MANAGEMENT FACILITY

•	1) CHAR	ACTERIS'	TICALLY F	HAZARDO	US WASTE	ES				
1	D001 D011 D021 D031 D041	D002 D012 D022 D032 D042	D003 D013 D023 D033 D043	D004 D014 D024 D034	D005 D015 D025 D035	D006 D016 D026 D036	D007 D017 D027 D037	D008 D018 D028 D038	D009 D019 D029 D039	D010 D020 D030 D040
	2) HAZAI	RDOUS W	ASTES FF	ROM NON-	SPECIFIC	SOURCE	S			
	F001 F011 F039	F002 F012	F003 F019	F004 F024	F005 F025	F006 F032	F007 F034	F008 F035	F009 F037	F010 F038
	3) HAZAI	RDOÙS W	ASTES FF	ROM SPEC	CIFIC SOU	RCES				
	K001 K011 K022 K032 K042 K052 K083 K095 K105 K115 K136	K002 K013 K023 K033 K043 K060 K084 K096 K106 K116 K141 K156	K003 K014 K024 K034 K044 K061 K085 K097 K107 K117 K142 K157	K004 K015 K025 K035 K045 K062 K086 K098 K108 K118 K143 K158	K005 K016 K026 K036 K046 K064 K087 K099 K109 K123 K144 K159	K006 K017 K027 K037 K047 K065 K088 K100 K110 K124 K145 K160	K007 K018 K028 K038 K048 K066 K090 K101 K111 K125 K147 K161	K008 K019 K029 K039 K049 K069 K091 K102 K112 K126 K148 Additi	K009 K020 K030 K040 K050 K071 K093 K103 K113 K149	K010 K021 K031 K041 K051 K073 K094 K104 K114 K132 K150
							F-SPECIF			
	P001 P011 P022 P034 P045 P058 P069 P081 P095 P106 P118 P189	P002 P012 P023 P036 P046 P059 P070 P082 P096 P108 P119 P190	P003 P013 P024 P037 P047 P060 P071 P084 P097 P109 P120 P191	P004 P014 P026 P038 P048 P062 P072 P085 P098 P110 P121 P192	P005 P015 P027 P039 P049 P063 P073 P087 P099 P111 P122 P194	P006 P016 P028 P040 P050 P064 P074 P088 P101 P112 P123 P196	P007 P017 P029 P041 P051 P065 P075 P089 P102 P113 P127 P197	P008 P018 P030 P042 P054 P066 P076 P092 P103 P114 P128 P198	P009 P020 P031 P043 P056 P067 P077 P093 P104 P115 P185 P199	P010 P021 P033 P044 P057 P068 P078 P094 P105 P116 P188 P201
	P202 U001 U011 U022 U032 U043 U053 U064 U075	P203 U002 U012 U023 U033 U044 U055 U066 U076	U003 U014 U024 U034 U045 U056 U067 U077	P205 U004 U015 U025 U035 U046 U057 U068 U078	U005 U016 U026 U036 U047 U058 U069 U079	U006 U017 U027 U037 U048 U059 U070 U080	U007 U018 U028 U038 U049 U060 U071 U081	U008 U019 U029 U039 U050 U061 U072 U082	U009 U020 U030 U041 U051 U062 U073 U083	U010 U021 U031 U042 U052 U063 U074 U084

U085

U086

U087

U088

U089

U090

U092

U093

U091

U094

TABLE A.1 (Cont'd)

# DISCARDED COMMERCIAL CHEMICAL PRODUCTS, OFF-SPECIFICATION SPECIES, CONTAINER RESIDUES, AND SPILL RESIDUES THEREOF(Cont.)

U095	U096	U097	U098	U099	U101	U102	U103	U105	U106
U107	U108	U109	U110	U111	U112	U113	U114	U115	U116
U117	U118	U119	U120	U121	U122	U123	U124	U125	U126
U127	U128	U129	U130	U131	U132	U133	U134	U135	U136
U137	U138	U140	U141	U142	U143	U144	U145	U146	U147
U148	U149	U150	U151	U152	U153	U154	U155	U156	U157
U158	U159	U160	U161	U162	U163	U164	U165	U166	U167
U168	U169	U170	U171	U172	U173	U174	U176	U177	U178
U179	U180	U181	U182	U183	U184	U185	U186	U187	U188
U189	U190	U191	U192	U193	U194	U196	U197	U200	U201
U202	U203	U204	U205	U206	U207	U208	U209	U210	U211
U213	U214	≠ U215	U216	U217	U218	U219	U220	U221	U222
U223	U225	U226	U227	U228	U234	U235	U236	U237	U238
U239	U240	U243	U244	U246	U247	U248	U249	U271	U277
U278	U279	U280	U328	U353	U359	U364	U365	∪366	U367
U372	U373	U375	U376	U377	U378	∪379	U381	U382	U383
U384	U385	U386	U387	U389	U390	U391	U392	U393	U394
U395	U396	U400	U401	U402	U403	U404	U <b>4</b> 07	U409	U410
U411	Addi	ition:	U408						

### 5) MICHIGAN HAZARDOUS WASTES

101D	003D	001K	002K	011U	033U	054U	<b>059</b> U	070U	072U
- 101U	131U	139U	150U	155U	161U	001U	002U	003U	004U
005U	006U	007U	008U	009U	012U	163U	172U	174U	013U
014U	015U	016U	017U	<b>020</b> U	021U	022U	023U	024U	025U
027U	028U	029U	030U	032U	034U	036U	<b>037</b> U	038U	040U
041U	042U	043U	044U	046U	047U	048U	049U	050U	051U
052U	055∪	056U	057U	058U	061U	063U	064U	065U	068U
071U	073U	074U	075U	076∪	077U	078U	079U	080U	082U
083U	086U	∪880	089U	090U	092U	093U	<b>094</b> U	095U	096U
097U	098U	099U	100U	102U	103U	104U	106U	108U	110U
111U	112U	113U	114U	115U	116U	117U	118U	119U	120U
121U	122U	124U	127U	128U	129U	132U	134U	135∪	136U
137U	138U	140U	141U	142U	143U	144U	146U	147U	148U
151U	152U	153U	154U	157U	158U	159U	160U	162U	164U
165U	166U	167U	168U	16911	17011	17111	17311	17511	

# TABLE A.2 WASTE CODES ACCEPTED AT THE TREATMENT FACILITY

D007 D008 D009 D010 D011	Corrosive Arsenic Barium Cadmium Chromium Lead Mercury Selenium Silver Copper
D020 D021 D022 D023 D024 D025 D026 D027 D028 D029 D030	Benzene Carbon Tetrachloride Chlordane Chlorobenzene Chloroform c-Cresol m-Cresol p-Cresol Cresol 1,4-Dichlorobenzene 1,2-Dichloroethane 1,1-Dichloroethylene 2,4-Dinitrotoluene Heptachlor Hexachlorobenzene Hexachlorobenzene Hexachlorobenzene Hexachloroethane Methyl Ethyl Ketone Nitrobenzene Pentachlorophenol Pyridine Tetrachloroethylene 2,4,5-Trichlorophenol 2,4,6-Trichlorophenol Vinyl Chloride

## TABLE A.2 (CONT'D)

F001	K028	K099	P006	P062	P119
F002	K029	K100	P007	P063	P120
F003	K030	K101	P008	P064	P121
F004	K031	K102	P009	P065	P122
F005	K032	K103	P010	P066	P123
F006	K033	K104	P011	P067	P127
F007	K034	K105	P012	P068	P128
F008	K035	K106	P013	P069	P185
F009	K036	K107	P014	P070	P188
F010	K037	K108	P015	P071	P189
F011	K038	K109	P016	P072	P190
F012	K039	K110	P017	P073	P191
F019	K040	K111	P018	P074	P192
F024	K041	K112	P020	P075	P194
F025	. K042	K113	P021	P076	P196
F032	K043	K114	P022	P077	P197
F034	K044	K115	P023	P078	P198
F035	K045	K116	P024	P081	P199
F037	K046	K117	P026	P082	P201
F038	K047	K118	P027	P084	P201
F039	K048	K1123	P028	P085	P203
, 555	K049	K124	P029	P087	P203
K001	K050	K125	P030	P088	P204 P205
K002	K050	K125 K126	P030	P089	P205
K003	K052	K120	P033	P092	
K004	K060	K132	P034	P092	
K005	K061	K136	P036	P093 P094	
K006	K062	K141	P037	P094 P095	
K007	K064	K142	P038	P095 P096	
K008	K065	K142	P039	P097	
K009	K066	K144	P040	P098	
K010	K069	K145	P041	P099	
K011	K071	K147	P042	P101	
K013	K073	K148	P042	P102	
K014	K083	K149	P044	P103	
K015	K084	K150	P045	P103	
K016	K085	K151	P046	P105	
K017	K086	K156	P047	P106	
K018	K087	K157	P048	P108	
K019	K088	K158	P049	P109	
K020	K090	K159	P050	P110	
K021	K091	K160	P051	P111	
K022	K093	K161	P054	P112	
K023	K094	P001	P056	P113	
K024	K095	P001	P057		
K025	K096	P002	P057 P058	P114 P115	
K026	K097	P003	P059		
K027	K097	P004 P005		P116	
1,021	1/030	F005	P060	P118	

Addition: K140

TABLE A.2 (CONT'D)

J001	U045	U089	U133	U177	U223	U386
U002	U046	U <b>0</b> 90	U134	U178	U225	U387
U003	U047	U091	U135	U179	U226	∪389
Ū004	∪048	U092	U136	U180	U227	U390
U005	U049	∪093	U137	U181	U228	U391
U006	U050	U094	U138	U182	U234	U392
U007	U051	U095	U140	U183	U235	U393
U008	U052	U096	U141	U184	U236	U394
U009	U053	U097	U142	U185	U237	U395
U010	U055	U098	U143	U186	U238	U396
U011	U056	U099	U144	U187	U239	U400
U012	U057	U101	U145	U188	U240	Ú401
U014	U058	U102	U146	U189	U243	U402
U015	U059	U103	U147	U190	U244	U403
U016	U060	U105	U148	U191	U246	U404
U017	U061	U106	U149	U192	U247	U407
U018	U062	U107	U150	U193	U248	U409
U019	U063	U108	U151	U194	U249	U410
U020	U064	U109	U152	U196	U271	U411
U021	U066	U110	U153	U197	U277	0 . 1 ,
U022	U067	U111	U154	U200	U278	
U023	U068	U112	U155	U201	U279	
U024	U069	U113	U156	U202	U280	
U025	U070	U114	U1 <b>5</b> 7	U203	U328	
U026	U071	U115	U158	U204	U <b>3</b> 53	
U027	U072	U116	U159	U205	. U359	
'028	∪073	U117	U160	U206	U364	
029	U074	U118	U161	U207	U365	
ر030	∪075	U119	U162	U208	U366	
``U031	∪076	U120	U163	U209	U367	
U032	U077	U121	U164	U210	U372	
U033	U078	U122	U165	U211	U373	
U034	U <b>0</b> 79	U123	U166	U213	U375	
U035	∪080	U124	U167	U214	U376	
U036	U081	U125	U168	U215	U377	
∪037	U082	U126	U169	U216	U378	
U038	U083	U127	U170	U217	U379	
U039	U084	U128	U171	U218	U381	
U041	∪085	U129	U172	U219	U382	
U042	∪086	U130	U173	U220	U383	
U043	∪087	U131	U174	U221	U384	
U044	U088	U132	U176	U222	U385	

Addition: U408

TABLE A.2 (CONT'D)

001K	160U	042U	070U	097U	122U
002K	161U	043U	071U	098∪	124U
001U	<b>021</b> U	044U	072U	099∪	127U
002U	<b>022</b> U	046U	073U	100U	128U
003U	023U	164U	167U	101U	129U
004U	024U	047U	074U	102U	170U
005U	025U	048U	075U	103U	153U
006U	027U	049U	076U	10 <b>4</b> U	131U
007U	028U	050U	077U	106U	132U
157U	152U	051∪	078U	168U	134U
008U	029U	052U	079U	108∪	135U
009U	030U	054U	080U	169U	136U
158U	032U	055U	152U	110U	137U
011U	033U	056∪	082U	111U	138U
01 <i>2U</i> *	<b>63</b> 4U ·	165∪	083U	112U	139U
013U	150∪	057U	086∪	113U	140U
014U	162U	058∪	088U	114U	15 <b>4</b> U
147U	036U	059∪	089U	115U	171U
148U	037U	166U	090U	116U	172U
159U	038U	061∪	092U	117U	173U
015U	163U	063U	093U	118U	141U
016U	151U	064U	<b>094</b> U	119U	1 <b>42</b> U
017U	040U	065∪	095∪	120U	143U
020U	041U	068U	096U	121U	144U
					17 <b>4</b> U
					175U
					155U
					146U

Please print or type in the unshaded areas only	•		Form Acers	O PME No. 158	R0+25
FORM CONTRACTOR OF THE STATE OF	RALINFORM	ATION	I. EPA I.D. N	MBER A	5 6 5
GENERAL PROPERTY Read there are the second t	nsolidated Permits Pr eneral Instructions"	before starting.)	FM I D	NERALIMITAL	MANUAL IN THE
I. EPA LD NUMBER			Ha-preprin	out lead to	anniviced affix
III. FACILITY NAME			ation carefu		Theoret, cros
The state of the s			appropriate the preprint	ec de la familia	the area to th
MAILING AGORESE TO THE EASE PLA	CE LABEL IN	THIS SPACE	that should		gradu romado govidacit: in th
			Complete III		d not complet
A PACILITY AND A STATE OF THE			munt be co		ACOmplete a Ovided Befor t
A TOCATION			the Willeting		descriptions und
II. POLLUTANT CHARACTERISTICS			S. Smith South	विभावन्य विस्तर	
INSTRUCTIONS: Complete A through 1 to determine w	hether you need to	submit any permit applicat	ion forms to the	EPA 16 YOU ANSW	yet to any
questions, you must submit this form and the supplement of the supplemental form is attached. If you answer income	al form listed in the	parenthesis following the o	uestion, Marky	Call the posterior	third column
is excluded from permit requirements; see Section C of the	instructions. See als	o, Section U of the instructi	ons for detinition	is of boild laced to	THE STATE OF
PPECIFIC QUESTIONS A	YES NO ATTACHED	SPECIFIC	GUESTIONE		MARK X
A leg this facility; a publicly owned treatment works which results in a discharge to waters of the U.S.?	X	B. Does or will this facili	d animal feedin	operation of	x
19- IFORM ZAFTIN	-300 0.17" (* 10	equatic enimal production discharge to waters of	the U.S.? (FORM	2B)	~ 21 ~ 21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in	X	D. Is this a proposed faci in A or B above/ whi	ich will result in	a discharge for	X
A or B above? (FORM 2C)		F. Do you or will you in municipal effluent be	ject at this facil	ty industrial of	250 26 27
hazardous wastes? (FORM 3)	X	taining, within one underground sources of	guarter mile of	the well bore.	X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface.	2/4 P	H. Do you or will you in	ect at this facilit	y fluids for spen	331,51-32
in connection with conventional oil or natural gas pro-	]   ^	cial processes such as process, solution min tion of fossil fuel, or	ing of minerals.	in situ combus	X
hydrocarbons? (FORM 4)	7334 ( W882 5785 36 A)	(FORM 4)			P132 P11 /2= 10
one of the 28 industrial categories listed in the instructions and which will potentially smit 100 fors	X	NOT one of the 28 instructions and which	ndustrial categor	ies listed in the	x
per year of any air pollutant regulated under the School of the Clean Air Act and may affect or be located in an	1 1 1	per year of any air pol	llutant regulated ct or be located I	under the Clean of	"
III. NAME OF FACILITY	H 201 PRE - HOME 42 - 100	eres? (FORM 5)	- Andrews		5827 144 Samuel
1 SKIP DYNECOL, INC.					
IV. FACILITY CONTACT	or amander, metroshe		to the second	to commende de la faction de l	
A. NAME & TITLE COLIN	ret e (title)	Commence of the Commence of th	B. PHONE (are	code (A)no	
2 FRANK J. BIERMANN	PRESID	<u> </u>	1 3 5 7	7 1 4 1	
V. FACILITY MAILING ADDRESS  **********************************	manners alleged a finance		" " Any Delays		MERCHANICA ASSOCI
3 6520 GEORGIA STREET		<del>, , , , , , , , , , , , , , , , , , , </del>			
B. CITY OR TOWN	TOTAL SECTION AND ADDRESS OF	C,STATE D. ZIP	00.		
4 DETROIT		MI 48211			
VI. FACILITY LOCATION		47 to 100	347		
A. STREET, ROUTE NO. OR OTHER	SPECIFIC IDENTIF	IER AND LUCKY &			
5 6520 GEORGIA STREET	hand palent and and				
B. COUNTY NAME					
WAYNE COUNTY		The state of the s	175050743 V. Groon 17		
C. CITY OR TOWN			200, 491	NTY COD CT	
6 DETROIT	alaad <u>ad ad a</u>	MI 48211			

CONTINUED FROM THE FRONT				· \
VII. SIC CODES 4 digle in bider of pri	जिस्मि) -			
		white condition	SECOND	and a little de la little de la little de la little de la litte de la little de la
SERVICES N	EC (See Item XII)	(speci	ועז	
2 . a 1 (8 " " 'W'', YAN' 1 B'')		19 119 119 119 119 119 119 119 119 119		
(specify)	HI I DO THE STATE OF THE STATE	G (speci	(V)	resident and the second
76		37.		
VIII. OPERATOR INFORMATION				
	THE PROPERTY AND THE PROPERTY OF THE PERSON	A Charles of the Party of the		tental [[[a also the
BD YNECOL, INC	•			
U 12		No. of Contract of		
POSTE STATUS OF PRINTING E	nies he appropriate letter into the answ	cook V. Other speci	CONTRACTOR SERVICES	dreak ode k.po.)1570
A TABLE OF THE COLUMN TO THE C	other than federal or state   P	pecify)	313	571 7140
Del de la Company de la Compan	THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE WAY		112 98 184 - 111	18 hours 1 188 20
	STREET OR PO. SOX SOX			
6520 GEORGIA STREET				
e e e e e	TY OR TOWN IS A RESERVED	GSTATE OF 2	IF CODE IXTINDIAN CAND	
DETROIT	<del></del>	MI 48	211 Jesthe Victimalice	edion indian lands (2)
B DEIROIT			The state of the s	
X EXISTING ENVIRONMENTAL PE	MITS	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		The state of the s
	Water per the D. PSD (Air Emission	s from Proposed Sources		
S I N/A	Q P N/A	1 1 1 1 1 1		
18 18 17 18	10 10 17 18 A STATE OF THE STAT		±30 MA TO THE TOTAL OF THE TOTA	
B. Lie [Underground Injection of	Fluids)	R (specify)	Annales Con Anna	
9 U - N/A	9 AIR PER		(Original Per	rmit Application
CARA Hazardous Waste		ER (specify)		
9 R N/A	O TO S CELLED D	ISCHARGE	(specify) See Appe	
19 10 17 रहाराकान्यात्रकार्यक प्रत्याप्त व्यवस्था	DE CONTRACTOR DE	POLITICAL TO SERVICE STATE OF THE PERSON SERVICES	(Original Per	rmit Application
XI, MAP	The second secon	and the state of t		
	graphic map of the area extending cation of each of its existing and			
treatment storage for disposal f	cation of each of its existing and acilities, and each well where it in	ects fluids undergrou	nordnejude ilkopines ilv	r vindiother surface
And the state of the control of the state of	instructions for precise requiremen	<b>可以是的主义的</b>		
XII. NATURE OF BUSINESS (provide	ff-site transportati	on of bosond	ous resets the h	i observ
	ng of hazardous wast			
which	the hazardous waste	is treated,	and/or dispose	d of.
	hnique or process, i			
	nge the physical, ch position of hazardou			
	as to render such wa			e such waste
XIII. CERTIFICATION (see Instruction				
I certify under penalty of law i	hat khave personally examined and	am families with the	informatjon tilbmitted in t	illy or illy work north
arrachments and that based of	hat khave personally examined and in my inquiry of those persons im iformation is true, accurate and co	mediately responsible	tor obtaining the informa	tion contained in the 2.
false information, including the	possibility of fine and imprisonmen			
A. NAME & OFFICIAL TITLE (type	or print) B. SIGNA	TURE	The same of the sa	C. DATE SIGNED
FRANK J. BIERMANN		( <b>(</b> ( <b>(</b> )	1	alairla.
PRESIDENT COMMENTS FOR OFFICIAL USE O	MIN TAC	Mem	an-	1124112
				The state of the s
CARRONNE		<b>用水上的</b> 中 <b>使</b>	<b>用户中央设计划</b>	
TIBLIE COLUMN BANKS AND CONTRACTOR AND THE AND AND THE PARTY AND	化电热电子通过电路电子 化二二二氯甲基甲基二氯甲基甲基二氯甲基甲基二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基	to the graph of the first property was	Tarana and a second	

Continued from page 2. NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

	_	_	_	_	_	ER (enter from page 1)	1	$\overline{\lambda}$	_	1						OFFICIA	AL US	E 0	ura
W M	7	ח	n	7	14	1259565 1	/ /	\		1		·		•	D	UP			TI2 DUP
-1.1						OF HAZARDOUS WAS		lee	חת	nue	_	3	=			•		a.e	
		ι.	EP	_	Т	B. ESTIMATED ANNUA		C. U	HIT	·								5	PROCESSES
IZab	N A	5	E	NC	)	QUANTITY OF WASTE		(en	RE UT (e)				١.	(	ent				2. PROCESS DESCRIPTION (if a code is not entered in D(1)).
1	ח	0	Ī		T	11,520,000	-14	F	1	S	<del>\</del>	2	1	' 0	1	17 - 19	<del>0   •</del>		
2		Г	Τ	1/4		5,760,000		F	,	s	0	2	7	0 2	1				
3	D	0		) 5	5	5,760,000		I	,	s	Ċ	2	1	י י נ	1		•		
4	D	c	0	) (	5	5,760,000		I	,	s	,	.¹ ) 2	2   -	r o	1			•	
5	D	c			7	5,760,000		I	2	s	(	) 2	2 /	r o	1				
6	ם	0			в	5,760,000		1	P	s		) 2	2 /	0 1	1.		•		
7	I			0	9	5,760,000			Р	s	; (	) 2	2	го	1				
8	I			1	o	5,760,000			Р	s	; (	2	2	т О.	1			•	•
9	I			1	1	5,760,000			Р	S	3 (	) 2	2	то	1		,	•	
10	1	1		6	2	224,640,000			Р	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3 (	o :	2	т <u>о</u>	1		Ľ		•
111	l		0	0	6	2,880,000			Р		<u>.</u>	o :	2	т <u>о</u>	1	, ,		<u>.</u>	Waste must contain j <sub>ess</sub> than 20 mg/1 total cyanides
12	<u>l</u>		0	1	9	2,880,000			P	5	5	0	2	то	1		Ĺ		Waste must contain less than 20 mg/l total cyanides
13	(		d	1	D	5,760,000			Р	_[:	<u>S</u>	<u>.</u>	2	т <u>о</u>	1			•	,
14		d	d	3	D	5,760,000			Р	!	S	<u>,</u>	2	т <u>о</u>	1			•	
15						1,772,000			P			0	1	•	<u>.</u>			<u>.</u>	See Table A.1 for listing of all waste codes which potentially are
16	L	1									<u> </u>				, ,	. '		<u>'</u>	stored in the container storage facility. (Appendix C.1)
17		1				66,000,000			Р		s	0	2	тс		·	Ļ	<u>'</u>	See Table A.2 for listing
18	1	1	1						_	_	·	· 			•	'		· —	of all additional TC waste
19	1	$\downarrow$	_	_				Ц		1		· 		-1-	<u>.</u>		'		codes which potentially can
20	1	1	-	_	_				_	1		•		•		' '			be stored and treated in th
21	1	1	4	_					_	_	· -			,					treatment facility.
22	┿	1								_					•		<u> </u>	<del>-</del>	
23	┿	4	·					Ц		_	_				:				
1 7,4	+	4	4		-			Ц		$\downarrow$	_						-		
25	4	4						$\sqcup$		$\dashv$	_		_	1	<del></del>	-1-1		-	
26	_ 1_	<u>,,</u>	_!		<u>_,,</u>		71			_	77				19	17 - 19	1,7	. 19	

IV. DESCRIPTION OF HAZARDOUS WASTES (continu	ued)	
E. USE THIS SPACE TO LIST ADDITIONAL PROCES	S CODES FROM ITEM D(1) ON PAGE	. <b>3.</b>
n.		
		•
		·
EPA I.D. NO. (enter from page 1)		
FMID0742595656		
V. FACILITY DRAWING		
All existing facilities must include in the space provided on page	e 5 a scale drawing of the facility (see instruc	tions for more detail).
VI. PHOTOGRAPHS All existing facilities must include photographs (aerial of	or around—level) that clearly delineate	all existing structures: existing storage.
treatment and disposal areas; and sites of future storage	e, treatment or disposal areas (see instru	ctions for more detail).
VII. FACILITY GEOGRAPHIC LOCATION		
LATITUDE (degrees, minutes, & seconds)	LONGI	rupe (degrees, minutes, & seconds)
4   2   2   3   D   3   5		U 8 3 U 1 U 5 G
VIII. FACILITY OWNER		
A. If the facility owner is also the facility operator as liste skip to Section IX below.	ed in Section VIII on Form 1, "General Infor	mation", place an "X" in the box to the left and
B. If the facility owner is not the facility operator as liste	d in Section VIII on Form 1, complete the f	ollowing items:
1. NAME OF FACILIT	Y'S LEGAL OWNER	2. PHONE NO. (area code & no
E PVS Chemicals, Inc.		3 1 3 - 9 2 1 - 1 2 0
3. STREET OR P.O. BOX	4. CITY OR TOWN	59 56 - 58 59 - 61 42 - 5.ST. 6.ZIP CODE
F 11001 Harper	G Detroit	M I 4 8 2 1 3
TO II	4 11 14	46 41 48 47 - 31
IX. OWNER CERTIFICATION  I certify under penalty of law that I have personally ex	amined and am familiar with the inform	nation submitted in this and all attached
documents, and that based on my inquiry of those indi		

Submitted Information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

FRANK J. BIERMANN

### X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

FRANK J. BIERMANN

B. SIGNATURE

C. DATE SIGNED

EPA Form 3510-3 (6-80)

PAGE 4 OF 5

CONTINUE ON PAGE



# U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program

I.	I. EPA I.D. NUMBER F M I D 0 7 4 2 5 9 5 6 5													
									1		1		τ.	
F	М	I	D	0	7	4	2	5	9	5	6	5		

RCI	RA_						(Th	is info	rmatio	ı le r	equi	red	und	er S	ectio	on 30	05 c	f RC.	RA	) "			<u> </u>	14 12	1715	7.3		13 19
					E ONL															453177				e sign		٠		
API	RO	VEI	끡	797	no. & d	170									·		<u> </u>	ÇO	·	AENTS	J 155 1			305	4-3-5	<b>*</b>		
-	23	(A)		1		1 1											٠.		•	(1970) (1981) (A)	4	Park.	·	2 A 72 2			. ;	
					SED A			_											1.	a Ab = #1# -				.lam.faaf-	a (a-	VC.	facil	ity or
revisi EPA	id a	ppile Nur	nbe	on If to r in ite	his is yo m   abo	our firs IV <b>e.</b>	t appli	cation	and yo	u air	eady	y kn	ow	you	r fac	ility'i	netr EP	A I.D	. N	s the first s lumber, or	pplicati If this is	a revise	d app	dication	, ente	your er yo	ur fai	cility'
A. F					TION (																	IEW čA	C15.1	TY (Con	plete	iten	ı bel	ow.)
,	<b>!!!</b>	1. E.	X I S	TING	FAGILI	C	omplet	e iten	below.	) <sup>''''</sup>	1011	01	£7.14	itin <b>a</b>	, , ,	ciiity.			_		71			F	OR N	EW	FAC	LITIC
8	F	Ĭ.,	I	M Q,		OPER.	ATION	BEG	ACILIT AN OR he left)	THI	PR:	OV!	CO	TH:	E DA	TE (	yr.	mo., SMM	& d	lay) ICÉD.	73 7	M O.		<del></del>	r., m	o., & Beg.	doy) NN C	OPER
		ISE	D	APPLI	CATIC				below a	id co	mpl	etc	Iten	nia	Sove	2)					X 2.	FACILIT	гүн	AS A R	CRA	PER	MIT	
111	71	14	<u> </u>	·	CODES				CAPA	CITI	FC	-		-							72							
		<del></del>										_	nelo	w th	at b	est de	scrí	hes es	ach.	process to	he used	at the f	acilit	v. Ten	ines :	are o	ovid	ed for
8	nter	rina (	boc	e. If n	nore line	es are r	reeded.	. ente	r the co	de (s)	in t	he s	pace	e pro	ovide	ed. If	ap	roces	s w	ill be used t	that is r	ot inclu	ded i	n the lis	t of c	odes	belo	w, the:
V: 4. 4.			٠		ile													٠.	٠	process.	••.							
	_¥∧	MO	UN.	r 🗀 En	ter the s	mount	t		-													San Table	مام	ohai da-		•4-	Umir	of
	٠.٠	- <b></b> -		mad (	Inly the	For each	of mea	ount sure t	entered hat are	in co listed	i bei	ow :	(1), sho	ente uld t	er tn oe us	e coa æd.	e tro	om rij	18 11	ist of unit n	neasure			tnat des				Q1
ام شو د مدد		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )					PRO- CESS		PROPRI				-					:				PRO-		APPROP				
	+			OCESS			ODE		DESIG				-	, —				P	30	CESS		CODE		DESI				
_	orag		90 -13	4b1		a4a 1						-				TAN		nt:				, .T01	· G.	ALLON:			v 0:	•
T	ANH			•	, drum,	etc./	501 502 503	GAL	LONS ( LONS ( IC YAR	OR L	.ITE							E IM	IPO	UNDMEN.	T	T02	LI	TERS P	ER D	AY		
					DMENT	•	504	CUB	LONS	ERS	;	RS						RATO			•	T03	L)	TERS P	ER D R HO	AY UR (	R	
_	_	sai:	_								•												G.	ETRIC ' ALLON' ITERS P	SPEF	RHO	URG	
	4 14 5			VELL			D79 D80	ACR	LONS (	r (the	e voi	lume		at		отн	EŖ	(Use	for	physical, c	hemica	l, T04	G.	ALLON	SPEF	R DA		₹ .
. 5		Ž.						dept	ld cover h of one TARE-	s foo	t) 0		3			proc	esse.	s not	OCC	gical treatm curring in to ments or in	ınks, 🔝		L	TERS P	ER L			
	ANE	) AP	PLI	CATIO	N		D81 D82	ACF	ES OR	HEC	TAI					ator	.D	escrit	e t	the processe ed; Item II.	s in							
ŀ			20		DMENT	<b>r</b> .	D83		LONS			RS					-	•				Gregorianis						
	,					:	UNIT													T OF								NIT OF
<u>u</u>				ASURI		, .	MEAS COI			UN	IIT (	<u>)</u> F N	ΛΕ <u>Α</u>	SU	RE					SURE	U	IIT OF	MEA:	SURE		•		ASUR
G	ALL	ON:	5	into:		• • •		G	٠.	LIT	TER	S PI	ERE	PAY	7	• • •			•	<u>. v .*-</u> (6)	AC	RE-FEI	ET.	TER				<u>A</u>
- C1	U BL	C Y/	RE	S				Š		ME	TRI	CT	ON:			OUR					AC	RES.					::	B
G	ALL	ON	5 P.E	R DA	Y			Ü lehaw	n in line	LIT	rer	S PE	R	HOU	R.								٠. `	can hai	4 204	) mall		nd the
oth	er ca	an ho	old 4	400 gal	ions, Ti	he faci	lity als	o has	an incin	erate	or th	at c	en t	ourn	up 1	to 20	gali	ons p	er f	hour.	Jiaya ta	nks, one	Calle	Can no	u 200	yan	U113 a	ing the
<u>-</u>	· 92	, · · · (~4)	* *	ů". D	U P			T/A		$\setminus$	abla	/	7	7			\	7	/	11	1	1	7	1	$\setminus$	/	/	1
4			Т		. PRO	CESS		GN C		ITY		٦,	٠	7-	7	7	7		$T^{L}$	B. PR	OCES	DESI	GN (	CAPAC	ITY		7	<del>-7</del>
BER	J.C	PR(	š  :							2.	UNI			OR		BER	C	PRO ESS	1						2. 1	דואט	0.	FOR
LINE	(h	ODI om i	iet [	45 Lea <sup>ll</sup> .	1) ۽ جي	I. AMC	I/y)			\$1	ME.	^	£	JSE NL	:	INE	(fro	on ile			1. AM	OUNT,	•		31	MEA		USE
Ξž	15	bove	<u>'  </u>	ه دورو ويو د دونو	Y GARAGE					C	nter	4			<u>,</u>	Ξź		ove)	ļ.,						C	nter ode)	29	
X-1	_	T 1	2	g <del></del> er		600			<u>27</u>	1	G	1	T	Ť	Ť	5	ή	7'	1"			· · · · ·			<b>1</b>	**	۲	
X-2			3			20					E	$\dagger$	1	+		6			$\dagger$							+		
1	s	0	1	<u> </u>		,000	)				G	+	$\dagger$	1		7			†		<u>.</u>					1	1	
2	s	0	4		34	,000	)		<del> </del>		G	+	1	1	1	8			1	· · · · · · · · · · · · · · · · · · ·				-	5-	-		$\prod$
3	Т	0	1		144	,000	)				G	1		+		9			1									
4	T	П	1							П		$\top$	1	1	T	10	П		+						$\top$		$\top$	
Ĺ	16	ᆜ	10	19					27	-	28	<u> </u>		÷	32	ł . ĭ	10	ہلبا	•	9		<del></del>			<del>,</del>	20	29	<u></u> -



C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

N/A

- A EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number/s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s/ that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are;

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	, K
TONS		METRIC TONS	M .
			. 9 - 1 - 1

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into and the second second section of the second account the appropriate density or specific gravity of the waste.

- D. PROCESSES

  1. PROCESS CODES: For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
- For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the couple, from the contained in item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
- Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).
- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.
- NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:
- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B.C. and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- quantity of the waste and describing all the processes to be used to treat, store, and/or dispose or the waste. In column D(2) on that line enter the column D(2) on that line enter the column D(2) on that line enter the line enter the processes to be used to describe the waste. In column D(2) on that line enter the line enter the processes to be used to describe the waste. In column D(2) on that line enter the line enter t
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated ar of that waste. Treatment will be in an incinerator and disposal will be in a landfill

345.5		А.	E٢	A	- 1-	The state of the s	C.	C. UNIT													·*	D. PROCE	ESSES 🖟 🖟	
LINE		AS	TE	N	Э.	B. ESTIMATED ANNUAL QUANTITY OF WASTE	SURE (enter code)			1. PI					PROCESS CODES (enter)				•		2 in 1	2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
X.J	K	Ö	5	1	1	900	1	P		T	' (	) 3	7	D	8	0	1	T		Т	1			
X.	$I_L$	Ö	C		?	400		P		T	T ' (	) 3	7	D	8	0	_	1	1	1			*	
X,	D	Ö	O	1	1	100		P		T	' (	) 3	,	D	8	0	1	1			T			
X-	1 Z	0	0	1	?						1	Τ-	1	7	7		<del></del>	1		ī	Τ'-		included with above	

(233=T

10

144,000

III. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "TO4"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

N/A

### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Support D for each justed hazardous waste you will nancle. If you handle hazardous westes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristies and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column 8 enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE		METRIC UNIT OF MEASURE	CODE
POUNDSP	•	KILOGRAMS	K
TONS		METRIC TONS	м

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

### D. PROCESSES

1. PROCESS CODES:

For listed hazardous wasta: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code/s/.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Wasse Numbers and enter it in column A. On the same line complete columns B.C. and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line,
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous weste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA		C. UNI	ŦĹ									D. PROCESSES
ΞQ	HAZARD WASTEN (enter code	O QUANTITY OF WASTE	OF ME SURE (enter code)		1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (If a code is not entered in D(1))
Y-1	K 0 5	900	P	12	Γ 0	3	D	8 0					
ر- ۲-2	D 0 0 2	400	P	7	r'	3	D	8 0			1	1	
X-3	DOO	100	P	7	r 0	3	D	8'0				1	ŧ
X-4	D002	?		ŀ	1	ī		-	Γ	1		1	included with above

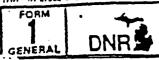
CONTINUED FROM THE FRONT	
NII. SIC CODES (4-digit, in order of priority)	
A. FIRST	8. SECOND
7 8 9 9 9 Services, NEC (see Item XII)	(specify)
.9] 19	111111111111111111111111111111111111111
C. THIRD	D. FOURTH
(specify)	[7]
VIII. OPERATOR INFORMATION	
A. NAME	B. Is the name listed in
	Item VIII-A also the
8 DYNECOL INC .	☐ YES NO
16 10	
-2.3 C. STATUS OF OPERATOR (Enter the appropriate letter into the anso	ver box; if "Other", specify.) D. PMONE (ares code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE	(specify)  A 3 1 3 5 7 1 7 1 4 0
A STREET OR P.O. BOX	
6 5 2 0 G E O R G I A	
The Property of City on Town	G.STATE H. ZIP CODE IM INDIAN LAND
	Is the facility located on Indian lands?
BDETROIT	M I   4 8 2 1 1
19 16 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	46 41, 42 47
8 PVS CHEMICALS INC	
* 一本 下口はおからかます。所は作品は「いれいまなないない」にいるからないない。	
1 1 0 0 1 HARPER AVE	
AND THE RESERVE OF THE PROPERTY OF THE PROPERT	G.STATE W. ZIP CODE TO PHONE (area code & no.)
できた。 では、 では、 では、 では、 では、 では、 では、 では、	
B D,E,TROIT,	M, I   4, 8, 2, 1, 3   A  = 3 1 3   9 2 1   1 2 0, 0
11 14 五十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	Contain a market of the containing of the contai
X. EXISTING ENVIRONMENTAL PERMITS	·····································
	ns from Proposed Sources)
9 N N/A , , , , , , , , , , , , , , , , , , ,	
	ER (specify)
9 U N/A 9 - A I R F	See Appendix A.1
	ER (specify)
9 R N/A 9 SEWE	R. D. I. S. C. H. A. R. G. E. See Appendix A. 1
XI. MAP	
the outline of the facility, the location of each of its existing and	to at least one mile beyond property bounderies. The map must show proposed intake and discharge structures, each of its hazardous waste jects fluids underground. Include all springs, rivers and other surface nts. SEE ATTACHED FIGURES
XII. NATURE OF BUSINESS (provide a brief description)	
1. TRANSPORTER -Off-site transportation of hazar 2. STORAGE - Holding of hazardous waste for a transportation of hazardous was	cempory period, at the end of which the hazardous

- waste is treated, and/or disposed of.3. TREATMENT Technique or process, including neutralization, designed to change the physical, chemical, or biological character of composition of hazardous waste, so as to neutralize such waste or as to render such waste non-hazardous.

Continued from page 2.

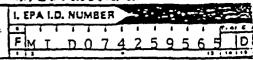
KOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA 1.D. NUMBER (enter from page 1)									7	FOR OFFICIAL USE ONLY									wir.		
N N	I	ŀ		0	7	4	2 5 9 5 6 5 1	$\backslash$		W						Ε	) บ	P			DUP
<u>v. p</u>	E					И	OF HAZARDOUS WASTE			nue			÷				-	(c. :	-		<b>可是在自己的一个,但可以使用的自己的自己的</b>
LINE NO.	H W.	A. A.	ZA	PIRE	D. (4)		L ESTIMATED ANNUAL QUANTITY OF WASTE	0 P (4 6	UNIT MEA JRE Des						_ (	ent	er)	001			D. PROCESSES  2. PROCESS DESCRIPTION (If a code is not entered in D(1))
1	T	Ţ	n	0	2	"	11,520,000	1 1	P	S	<del>'+</del>	\ \frac{1}{2}	T	7	1	1	<del>)}</del>	- 10	7	1 12	
2		T			4	Γ	5,760,000		P	s		) 2	2	r	0	1	1			1 1	
3	Ι		0	0	5		5,760,000	!	P	s		) 2	2 /	T	0	1					
4	1		0	0	6	L	5,760,000		P	s	; (	<u>.</u> ;	2	T	0	1		•			
5			0	c	7		5,760,000		Р	S	3 (	o :	2	T	0	1	Ľ				
6		D	0	C	8		5,760,000		Р	5	5 (	0	2	Т	0	1.				· ·	
7		D	0	10	9	1	5,760,000	ŀ	P	ļ	3	0	2	Т	0	1		:		<del>-, ,</del>	
8	-	D	С	:	L		5,760,000	1	Р		S	0	2	Т	0.	1			1	<del></del>	•
9	1	D	C	1	1 1	1	5,760,000	1	P	1	S	0	2	Т	0	1		•	1		
10	$\downarrow$	ĸ	1		6 2	2	224,640,000	1	Р	4	s	0	2	T	0	1		-	1		
1 11	1	F	(		0	5	2,880,000	1	P	_	s	0	2	T	0	1	_		1		Waste must contain iess than 20 mg/l total cyanides
12		F	1	1	1	9	2,880,000	1	P	_	s	0	2	T	0	1		<del></del>	1	<del>- , - , -</del>	Waste must contain less than 20 mg/l total cyanides
13	1	0	L		1	D	5,760,000	1	P		s	0	2	T	0	1			1		
14	4	0	1	d	3	ᅵ	5,760,000	1	P	4	s	0	2	ī	0	1	1		1		
15	4		ļ	1	$\downarrow$	1	1,772,000	$\downarrow$	P	_		0			-	<del>.</del>	$\perp$				See Table A.1 for listing of all waste codes which potentially are
16	4		1	1	1	1		1		_					-	•	<u> </u> .	1 1	_	<del>- 1 1</del>	stored in the container storage facility. (Appendix C.1)
17	4		1	1	4	_	66,000,000	1	Р	_	s	0	2	17	r (	o :	1 .		$\downarrow$	<del>-1-1</del>	See Table A.2 for listing
18	4		-	1	1	4		-	$\perp \mid$			<del>-</del>	<del></del>	1	-	-	$\downarrow$	1 1		- <del></del>	of all additional TC waste
19	4		1	4	1	1		$\perp$	$\parallel$		_	_	_	1	_		1	1 1		<del>-                                    </del>	codes which potentially can
20	-	L	+	4	-	4		1			L	1	1	+		_	1	1 1		- 1	be stored and treated in th
21		L	1	4	-	4		$\downarrow$			_	1.	_	+	_	_	1	T 1	4	1 1	treatment facility.
22	_	-	+	4	_	4		+			L		1	$\downarrow$	_		+	<del>.</del>		-1-1	<u> </u>
23	_	-	+		4	4		4		L	-	1		+	_	•	1	1 1	_		
74	_	_	+	_	4	_		_				1	T-	1	1	-	1	1 1	_		
25		-	+					4	+	-	-	•	1	1	_1		1	1-1	_	- 1 - 1	
	_	,	Ļ	_		70	· !!	,,	,,		Ŀ	-	- 11	1	· ·	• 1	<u>. </u>	, .	,,	17 •	



## MICHIGAN DEPARTMENT OF NATURAL RESOURCES

(Read the "General Instructions" before starting.)



APPLICATION FOR HAZARDOUS WASTE
TREATMENT, STORAGE OR DISPOSAL FACILITY
CONSTRUCTION PERMIT OR OPERATING LICENSE

CONSTRUCTION PERMIT OR OPERATING	LICENSE
II. CONSTRUCTION PERMIT OR OPERATING LICENSE APPLICATION (c	heck one
A. ☐ CONSTRUCTION PERMIT APPLICATION  B. ☒ OPERATING LICENSE APPLICATION	
If this is an operating license application, mark an	X in the appropriate box:
1.  FIRST APPLICATION (NEW FACILITY) 2. FIRST APPLICATION (EXISTING FACILITY) 3. RENEWAL APPLICATION 4. APPLICATION FOR LICENSE REVISION 5. RESEARCH, DEVELOPMENT & DEMONSTRATION LICENSE	
III. NAME OF FACILITY	
1 SKIP DYNECOL INC	
IV. FACILITY CONTACT	8. PHONE (ares code & na.)
2BIERMANN FRANK PRESIDENT	3 1 3 5 7 1 7 1 4 0
V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX  G. 6.5.2.0. GEORGIA  B. CITY OR TOWN  C. STATE D. 2  4 DETROIT  MI 48	IP CODE
11 11 11 11 11 11 11 11 11 11 11 11 11	
VI. FACILITY LOCATION	
WAYNE	and the second s
C. CITY OR TOWN  D. STATE E. 2  D. D. E. T. R. O. I. T.  M. I. 4.8	3 2 1 1
VIB. TITLEHOLDER OF LAND	
8 PVS CHEMICALS INC	
IN THE PROPERTY OF THE PROPERTY OF PROPERTY OF THE PROPERTY OF	
1001 HARPER AVE	
(大学) (1000) (1000) P. CITY OR TOWN (2000)	IP CODE COR D. PHONE (area code & no.)
<del>[</del>	213A 313921120C

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(I) ON PAGE ).

	EPA I.D. NO. (enter from page 1)													
⋾			ī	Т	Γ	П	L	T	b				7/4	
F	M	I	D	0	<u>17</u>	4	12	5	<u> </u>	1 5	6	5		6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail). See attached

VI. PHOTOGRAPHS

All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage.

All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage.

Appendix 'eaument and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). See The section of the se

II. FACILITY GEOGRAPHIC LOCATION	
LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
4 2 23 0 3 5	08301056
VIII. GENERAL INFORMATION	

Attach each of the following as separate attachments to the application:

- General facility description 6. Contingency plan
- 2. Chemical & physical analysis 7. Preparedness/prevention 12. Cost estimates
- 3. Waste analysis plan
- 4. Security procedures
- 5. Inspection schedule

- Traffic information
- Location information
- 10. Training program
- \_ 11. Closure/post-closure plan
- 13. Liability mechanism 14. Financial assurance
- 15. Topographic map

### IX. SUPPLEMENTAL INFORMATION

# Attach for all applications:

- Hydrogeological report
- Environmental assessment
- Environmental monitoring program
- Engineering plans

# Attach for operating license applications only:

- For new facilities, construction certification
- 2. Capability certification/compliance schedule
- ے.3. Proof of other permits or licenses
  - Restrictive covenant (landfills only)

## X. FACILITY SPECIFIC INFORMATION

Attach the required technical information for each of the following:

- Containers
- 2. Tanks
- 3. Incineration or thermal treatment
- 4. Treatment

- 5. Surface impoundments
- 6. Waste piles
- 7. Landfills
- 8. Land treatment

•	(III. FEE INFORMATION (c k A or B)		
•	A. CONSTRUCTION PERMIT FEE		
	1. COST OF REVIEW		
•	2.  FIXED FEE (complete t	he following)	FEE
	a. Check type of faci	lity:	·. ·
	☐ Land Disposal	(\$9,000)	\$
	☐ Incineration	or other treatment (\$7,200)	\$
	Storage (\$500	)	\$
	b. Site size	acres (see fee schedule)	\$
	c. Projected waste vo	olume (see fee schedule)	•
1		Gallons/day	\$
	OR	Cubic yards/day	\$
	d. Hydrogeological ch	naracteristics for land disposal	
	☐ Natural Clay	<i>:</i>	
	☐ Sand		
	. Compacted Cla	av	
	☐ Artificial Li		\$
	e. For treatment or	storage facilies:	
•	. Is there surface to	water on the site?	
I	. U No		
	☐ Yes (\$75)		2
	TOTAL FIXED FEE COST	:	\$
	B. OPERATING LICENSE FEE		\$
į	XIV. OPERATOR CERTIFICATION	CONTRACTOR OF CONTRACTOR OF CONTRACTOR	
4	I cartify under penalty of law that I have personally examination is and that, based on my inquiry of those personally examination; I believe that the information is true, accurately information, including the possibility of fine and imp	ersons immediately responsible for obtaining the int its and complete. I am aware that there are significa	formation contained in the
-	A. HAME & OFFICIAL TITLE (Type or print)	B. SIGNATURE	C. DATE SIGNED
	Frank J. Biermann	700	9/24/90
Ì	President XV. OWNER CERTIFICATION		
	I certify under penalty of law that I have personally example	mined and am familiar with the information submitte	ed in this application and all
	attachments and that, based on my inquiry of those preprietion; I believe that the information is true; accurately information is true; accurately information; I believe that the information of the and low	ate and complete. I am aware that there are signific	ant penalties for submitting
	false information, including the possibility of fine and imp	I B. SIGNATURE	C. DATE SIGNED
	Allan A. Schlumberger Vice President	Allan a Schlanbega	9/24/90
	XVI. TITLEHOLDER OF LAND CERTIFICATION		
	I certify under penalty of law that I have personally exa	imined and am familiar with the information submitted	oformation contained in the
•	application, I believe that the information is true, accur- false information, including the possibility of fine and im	rate and complete. I am aware that there are signific prisonment.	ant penalties for submitting
	Allan A. Schlumberger	B. SIGNATURE	C. DATE SIGNED
	Vice President	Allan I Mclimber	9/24/90

November 4, 1986

Dynecol, Inc. 6520 Georgia Street Detroit, MI 48211

Mr. David Stringham U.S.E.P.A. - Region V RCRA Activities A-3587 5-HS-13 230 South Dearborn St. Chicago, Illinois 60690

G TR PA MIDO74259565

Dear Mr. Stringham:

Enclosed with this letter are revised Part A Application Forms 1 and 3.

These forms are to revise two (2) items in our current Part A application:

- 1. The facility name has been changed from Waste Acid Services, Inc. to DYNECOL, INC.;
- 2. Two (2) additional waste streams not previously identified in Part A of the permit application will be treated at this facility at some future date after submittal of the revised Part A permit application, in accordance with the provisions of 40 CFR 270.72 (a).

If there are any questions, do not hesitate to contact me.

Sincerely,

Wayne D. Karaway

Wayne D. Laraway, President

NOV 17 1986 has been Incorporated

34AP - 419 U.S. EPA, REGION V



DYNECOL

Fac. Name Intaste Acid Services INC I.D. # MIDO74 259 565

# Application

•			
Date Received		Date of ADP Input	<u>Filed</u> (check)
10/03/1981	,		X
	Amendment	<u>s</u>	
Date Received	Date of Tech Staff Approval (if necessary)	Date of ADP Input	<u>Filed</u> (check)
6/2/83			
10/29/84		<del></del>	
114/86			
· <u></u>			
			·
	·		
	<del></del>		
<del></del>		<del></del>	
	· · · · · · · · · · · · · · · · · · ·		
	<del></del>		
	<del></del>		
	and the second s		
<del></del>			

Please print or type in the unshaded cross only ####################################		Form Appr	oved OMB No. 158-R0175				
FORT GEN GEN							
C	em FMII	FM I D074259565					
GENERAL Recd the Recd the	General Instructions" bet	7777	REBAL INSTRUCTIONS				
I. EPA I.D. NUMBER		it in the de	sited label has been provided, affix esignated space. Review the inform-				
	//////		ally; if any of it is incorrect, cross and enter the correct data in the				
III. FACILITY NAME		eppropriate	fill-in area below. Also, if any of tel data is absent (the area to the				
V. FACILITY N. MAILING ADDRESS PL FASE PL	A CT 1 A CT 1 1 1 1 T	left of the	label space lists the information				
PLEASEPL	ACE LABEL IN TH	proper fill	in area(s) below. If the label is not correct, you need not complete				
		ltems I, II	II, V, and VI (except VI-B which ompleted regardless). Complete all				
VI FACILITY		items if no	label has been provided. Refer to ctions for detailed item descrip-				
I. LOCATION		tions and	for the legal authorizations under data is collected.				
		William	Jato is conected.				
II. POLLUTANT CHARACTERISTICS  INSTRUCTIONS: Complete A through J to determine v	whether you pead to eub	mit any permit application forms to the	FPA If you answer "yes" to any				
questions you must submit this form and the supplement	ital form listed in the pa	renthesis following the question. Mark "	X" in the box in the third column $\sim$				
if the supplemental form is attached. If you answer "no" is excluded from permit requirements; see Section C of the	' to each question, you n	need not submit any of these forms. You	may answer "no" if your activity				
	MARK'X'		MARK'X'				
SPECIFIC QUESTIONS	YES NO ATTACHED	SPECIFIC QUESTIONS	YES NO FORM				
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.?		Does or will this facility (either existing include a concentrated animal feeding include a concentrated animal feeding facilities and the concentration of	g operation or				
(FORM 2A)	16 17 19	aquatic animal production facility which discharge to waters of the U.S.? (FOR)					
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in	D.	is this a proposed facility (other than in A or B above) which will result in					
A or B above? (FORM 2C)	22 23 24	waters of the U.S.? (FORM 2D)  Do you or will you inject at this facil	25 26 27				
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		municipal effluent below the lowermo	ost stratum con-				
	28 29 30	taining, within one quarter mile of underground sources of drinking water					
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface	н	. Do you or will you inject at this facili- cial processes such as mining of sulfu					
in connection with conventional oil or natural gas pro- duction, inject fluids used for enhanced recovery of		process, solution mining of minerals, tion of fossil fuel, or recovery of geo	in situ combus-				
oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	34 35 36	(FORM 4)	37 38 39				
Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the in-		Is this facility a proposed stationary NOT one of the 28 industrial categorial	source which is ries listed in the				
structions and which will potentially emit 100 tons per year of any air pollutant regulated under the	:	instructions and which will potentially per year of any air pollutant regulated					
Clean Air Act and may affect or be located in an attainment area? (FORM 5)	40 41 42	Air Act and may affect or be located area? (FORM 5)	in an attainment				
III. NAME OF FACILITY	A STATE OF THE STA						
1 SKIP DYNECOL, INC.							
IV. FACILITY CONTACT			69				
A. NAME & TITLE (last, f	irst, & title)	B. PHONE (are	a code & no.)				
LARAWAY, WAYNE D.	PRESIDE	NT 31357	1   7 1 4 1				
V. FACILITY MAILING ADDRESS		45 46 - 48 49 -	\$1 52 - 55				
A. STREET OR P.O.	. BOX						
3							
15 16  B. CITY OR TOWN		C.STATE D. ZIP CODE					
	<del> </del>	3 (direction)	GEOVEN				
13 16		· 40   41 - 42   47					
VI. FACILITY LOCATION  A. STREET, ROUTE NO. OR OTHER	SPECIFIC IDENTIFIED	The part of the second and	MAN A 17 SUND VER WARREN				
			NOV 1 7 1986				
5		45	JAAn , UIO				
B. COUNTY NAME		l de la companya de l	.S. EPA, REGION V				
46 To Control of the							
C. CITY OR TOWN		D.STATE E. ZIP CODE F. COL	INTY CODE known)				
6							
15 15 EPA Form 3510-1 (6-80)		49 41 42 47 - 91 5	CONTINUE ON REVERSE				
			COM LINGE ON KEVEKSE				

Company of the Company of September	A CONTRACTOR OF THE PROPERTY O
SIC UT 365 l4-digle, in	and the second of the second o
	B. SPCONO
(specify)	(specify)
52 16 - 19	13.16 - 19
C. THIRD	E. FOURTH
s (specify)	(specify)
7	7
VIII, OPERATOR INFORMATION	
The state of the s	NAME 3. Is the name listed
	Cals A-lil
· <del></del>	
BDYNECOL, INC.	□ YES ☑ NO
15 16	53
C. STATUS OF OPERATOR (Enter the appropriate letter is	nto the answer box; if "Other", specif.)  D. PHOTE (area code & no.)
F = FEDERAL M = FUULIC (other than federal or state)	(specify)
S = STATE O = OTHER (specify) P = PRIVATE	A 15 15 15 - 21 22 - 23
E. STREET OR P.O. BOX	13 113 27 173
	<del></del>
15	55
F. CITY OR TOWN	G.STATE H. ZIP CODE IX, INDIAN LAND
	Is the facility located on Indian lands?
: 8	YES NO
115 <b>16</b> 147 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40 41 42 47 - 51
X. EXISTING ENVIRONMENTAL PERMITS	
A. NPDES (Discharges to Surface Water) D. PSD (	Air Emissions from Proposed Sources)
9 N 9 P	
15 16 17 18 - 30 15 16 17 18	
B. UIC (Underground Injection of Fluids)	E, OTHER (specify)
9 0	(specify)
30 15 16 17 18	30
C. HCRA (Hazardous Wastes)	E. OTHER (specify)
<b>_</b>	
्दानाम मान्य स्थापन दानाम	(specify)
9 8	(specify)
9 R 9 30 15 15 17 19	(specify)
9 R 9 10 10 10 10 10 10 10 10 10 10 10 10 10	(specify)
9 R  13 14 17 11  X!. MAP  Attach to this application a topographic map of the area	extending to at least one mile beyond property bounderies. The map must show
9 R 15 16 17 11  XI. MAP  Attach to this application a topographic map of the area the outline of the facility, the location of each of its exi	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well well as the storage of the	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well well as the storage of the	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise XII. NATURE OF BUSINESS (provide a brief description)	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise XII. NATURE OF BUSINESS (provide a brief description)  XIII. CERTIFICATION (see instructions)  I certify under penalty of law that I have personally examples.	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise XII. NATURE OF BUSINESS (provide a brief description)  XIII. CERTIFICATION (see instructions)  I certify under penalty of law that I have personally examples and that, based on my inquiry of those personal sections.	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.
XIII. CERTIFICATION (see instructions)  XIII. CERTIFICATION (see instructions)  I certify under penalty of law that I have personally examplication, I believe that the information is true, accurately as true, accurately accura	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show is time to the map must show its time to t
XIII. CERTIFICATION (see instructions)  XIII. CERTIFICATION (see instructions)  I certify under penalty of law that I have personally examplication, I believe that the information is true, accurately information, including the possibility of fine and impossibility of fine and i	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show isting and other surface and other surface requirements.
XIII. CERTIFICATION (see instructions)  XIII. CERTIFICATION (see instructions)  I certify under penalty of law that I have personally examplication, I believe that the information is true, accurately as true, accurately accura	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show is injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show is injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show is injects fluids underground. Include all springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise XII. NATURE OF BUSINESS (provide a brief description)  XIII. CERTIFICATION (see instructions)  I certify under penalty of law that I have personally exa attachments and that, based on my inquiry of those papplication, I believe that the information is true, accumfalse information, including the possibility of fine and impact of the possibility of t	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show is the injects fluids underground in the injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show is the map must show its how and other surface and other surface requirements.  The map must show is the map must show its how and other surface and other surface requirements.  The map must show its how and other surface requirements.  The map must show is the map must show its how and other surface and other surface requirements and other surface requirements.
XIII. CERTIFICATION (see instructions)  XIII. CERTIFICATION (see instructions)  I certify under penalty of law that I have personally examplication, I believe that the information is true, accurately information, including the possibility of fine and impossibility of fine and i	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show isting and other surface and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise XII. NATURE OF BUSINESS (provide a brief description)  XIII. CERTIFICATION (see instructions)  I certify under penalty of law that I have personally exa attachments and that, based on my inquiry of those papplication, I believe that the information is true, accumfalse information, including the possibility of fine and impact of the possibility of t	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show is the injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show is the injects fluids underground in the injects of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show is the map must show its hazardous waste waste waste waste of its hazardous waste waste waste of its hazardous waste waste waste of its hazardous waste waste over the springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise XII. NATURE OF BUSINESS (provide a brief description)  XIII. CERTIFICATION (see instructions)  I certify under penalty of law that I have personally exa attachments and that, based on my inquiry of those papplication, I believe that the information is true, accurfalse information, including the possibility of fine and impact of the property of the propert	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show is the injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show is the injects fluids underground in the injects of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show is the map must show its hazardous waste waste waste waste of its hazardous waste waste waste of its hazardous waste waste waste of its hazardous waste waste over the springs, rivers and other surface requirements.
Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise XII. NATURE OF BUSINESS (provide a brief description)  XIII. CERTIFICATION (see instructions)  I certify under penalty of law that I have personally exa attachments and that, based on my inquiry of those papplication, I believe that the information is true, accurfalse information, including the possibility of fine and impact of the property of the propert	extending to at least one mile beyond property bounderies. The map must show isting and proposed intake and discharge structures, each of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show is the injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show is the injects fluids underground in the injects of its hazardous waste where it injects fluids underground. Include all springs, rivers and other surface requirements.  The map must show is the map must show its hazardous waste waste waste waste of its hazardous waste waste waste of its hazardous waste waste waste of its hazardous waste waste over the springs, rivers and other surface requirements.

\*\*\*



6520 GEORGIA STREET DETROIT, MICHIGAN 48211 (313) 571-7141

S WB

September 9, 1986

Regional Administrator U.S. Environmental Protection Agency Region 5 230 South Dearborn Street Chicago, Illinois 60604

Re: MID 074259565 TR, 15D, PA

Dear Sirs:

Waste Acid Services, Inc. is in the process of changing our name to Dynecol, Inc. Insurance coverage meeting PA. 136 and Act 64 requiremets for both vehicles and operating facility remain intact, and certificates of coverage are being prepared in our new name.

Please note that this change is strictly limited to a change of name, as ownership and operation remain the same.

Several generators have already begun to use our new name, Dynecol, Inc. on manifests. Accordingly, we trust that you will accept either name on documents and vehicles during the transition period.

Should you require any other forms or documentation, please do not hesitate to contact me.

Yours Very Truly,

W.D. Laraway

President

Called faulty, on 10-15-86 Spoke to Floyd Lytle, requests an Armended Part A, With name change. M.V.

WDL/mag

SEP 1 5 1986

U.S. EPA, REGION V

RECEIVED SEP 1 5 1986

U.S. EPA, REGION V WASTE MANAGEMENT DIVISION OFFICE OF THE DIRECTOR

4

10

ontinued from the front.		
I. PROCESSES (continued)  SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBE	INC OTHER PROCESSES (and "TO(T)") FOR FIGURE	
INCLUDE DESIGN CAPACITY.	ING OTHER PROCESSES (CODE 104 ). FOR EACH	PROCESS ENTERED HERE
•		
		•
DESCRIPTION OF HAZARDOUS WASTES		
EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number handle hazardous wastes which are not listed in 40 CFR, Subpart tics and/or the toxic contaminants of those hazardous wastes.	imber from 49 CFR, Subpert D for each listed hazaro D, enter the four—digit number/s/ from 40 CFR, Subp	lous waste you will flandle. If you art C that describes the characteri
PARTIES ARBITES TO SERVICE TO THE SERVICE TO THE SERVICE SERVI	the materials A questioning when the principles of these senses.	that will be bandled on on arms
ESTIMATED ANNUAL QUANTITY — For each listed waste ente	red in culturn A estimate the quantity of fill the non-	listed waste(s) that will be handle

- which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	ME	TRIC UNIT OF M	EASURE	CODE
POUNDS	P	KI	LOGRAMS		K
TONS.		NA E	HICIONS	* * * * * * * * * * * * * * * * * * *	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

### D. PROCESSES

- 1. PROCESS CODES:
  - For listed hezardous wester. For each listed hezardous waste entered in column A select the code/s/ from the list of process codes contained in Item III

to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code/s/ from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hezardous Waste Numbers and enter it in column A. On the same line complete columns B.C. and D by estimating the total annual
- quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

  2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter—"included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Weste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD WASTENC (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA SURE (enter code)	1. PROCESS CODES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0
<b>X</b> -2	$D \mid 0 \mid 0 \mid 2$	400	P	T 0 3 D 8 0
X-3	$D \mid 0 \mid 0 \mid 1$	100		T 0 3 D 8 0
X-4	$D \mid \theta \mid 0 \mid 2$			included with above

	~ ~	•	
Continued	from	page	2.

eve more than 26 wastes to list. NOTE: Photocopy this page before completing



Form Approved OMB No. 158-\$80004

	EPA	Į.D	. N	UMI	MBER (enter from page 1) FOR OFFICIAL US						AL USE							
w <sub>M</sub>	Ę	ת	Q	7	4 2 5 9 5 6 5 1	\	7		® W	2				]	D Ų P	2 T		DUP \
			******		N OF HAZARDOUS WASTE					d)	<u> </u>	·			افر الأحداد			D. PROCESSES
LINE NO.		ST iter	AR EN	ie)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF S	UN ME UR ente ode	E F	2.7			1. P	RC	CE:	ss cod ter)	ES		2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	ža K		6	26	78,000		26 T		, ,	0			0		**************************************	**	27 - 29	
2 2	-	0		2	26,000		T			Ö			0	$\overline{}$	7 7		1 - 1	
3	D	0		4	26,000		T		S	0'	2	T	0	1	 	1	Т	
4	D	0	0	5					-				1	,	1 1		1 - 1	INCLUDED WITH ABOVE
5	D	-	0	6					٦				· -	•	1 1	-	<del></del>	11
6	D	0	0						-			-	Τ-	_	<del>                                     </del>	-	1 -	ff f
7	D	<u> </u>	0	8	<del></del>				7			-	-		- 1		1-1	ŤŤ
8	D							i.	 	- 1	_		Г	Γ-	, ,		1 1	11
9	D		1					4		-			Г	Ι -	<del>                                     </del>		- 1 1	11
10	D	0		1						r	-		T	1	1 - 1		1 1	11
11		-											T	T	<del>                                     </del>	_	Т	
12													1	1	1		1 1	
13													Т	1	1 7		7 - 1	
14										Γ I			,	Ī	<del></del>		1 1	
15											-		Т		1 1	ļ	1 1	
16											Γ		Т	1	,			
17													1		1 -1			
18		<u> </u>																
19															1 1		T	
20									<u></u>		' 		·		1 1			
21											,			,			· ·	
22													Ι Γ	· i	1		1 1	
23		ļ								· ·					' ' <del>                                 </del>		· ·	
24										· ·			· 		, ,		1 1	
25													· -				· ·	
26	23	لِــا		26	27		36		27				·	20			' '	

Continued from the front.						الومر	* *
	inued)						
E. USE THIS SPACE TO LIST ADDITIONAL PROCE	SS CODES FROM ITEM D(1) ON PAG	E 3.					
	•						
EPA I:D. NO. (enter from page 1)							
EMI D 074 259 565 6							
V. FACILITY DRAWING							
All existing facilities must include in the space provided on pa	ge 5 a scale drawing of the facility <i>(see instruc</i>	tions for more d	etail).	. HC		1777 P. T	
VL PHOTOGRAPHS			2015. r : 12 1 2	de state			
All existing facilities must include photographs (aerial	or ground-level) that clearly delineate a	ill existing stru	rctures	existi	ng stor	age,	
treatment and disposal areas; and sites of future storage	ge, treatment or disposal ereas (see instru	ctions for moi	re deta	il).	- 1	Todall Same	
VII. FACILITY GEOGRAPHIC LOCATION							
LATITUDE (degrees, minutes, & seconds).	LONGI	rude (degrees, 1	minutes	& seco	nds)		
	활명이 화재되었고 중하다. 하나 1						
00 00 00 00 00 00 00 00 00 00 00 00 00		72 - 74 75	76 77	4 79		a de la companya de La companya de la co	
VIII. FACILITY OWNER		100	্হৰ্ভুগ্	1 1 1 TO 1		4	
A. If the facility owner is also the facility operator as lis	ted in Section VIII on Form 1, "General Infor	mation", place a	ın "X" i	n the bo	x to th	e left ar	nd
skip to Section 1X below.							
B. If the facility owner is not the facility operator as list	ed in Section VIII on Form 1, complete the f	ollowing items:					
I NAME OF FACIL	TY'S LEGAL OWNER		2. P	HONE	NO. (are	a code	& no.)
Ë			1	П		HT	TT
E 45 16		Kn	56 -	55		- F2	يللي
3. STREET OR P.O. BOX	4. CITY OR TOWN		ST.		6. ZIP	CODE	
F	6				TI		- 7 2
	G	49 4	42	47		.51	
IX. OWNER CERTIFICATION							
I certify under penalty of law that I have personally e	xamined and am familiar with the inform	ation submitt	ed in t	his and	all att	ached	
documents, and that based on my inquiry of those inc	dividuals immediately responsible for obt	aining the info	ormatic	n, I be	lieve ti	hat the	•
submitted information is true, accurate, and complete	i. I am aware that there are significant pa	naities for sub	mitting	Taise	ıntorm	ation,	
including the possibility of fine and imprisonment.				74.			
A. NAME (print or type)	B. SIGNATURE	'	C. DAT				
Gerald M. Groves, President		/	10/	23/8	34		
	I flood II A sweet	1					
X. OPERATOR CERTIFICATION							
I certify under penalty of law that I have personally e	14、 "我们就是我们还没有一种的说话!" <b>"不</b> " "我们我们 <b>是</b> " "我们就是我们的一个人就是我们的一个人的,只是一个人的人。					12.5	
l oocuments and that based on my inquiry of those inc	xamined and am familiar with the inform	nation submitt	ed in t	his and	all att	ached	•
submitted information is true accurate and complete	dividuals immediately responsible for obt	aining the info	ormatic	on, I be	lieve t	hat the	<b>?</b>
submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	dividuals immediately responsible for obt	aining the info	ormatic	on, I be	lieve t	hat the	<b>?</b>
submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	dividuals immediately responsible for obt b. I am aware that there are significant pe	aining the info	ormatio mittin	on, I be g false	ilieve t inform	hat the	•
submitted information is true, accurate, and complete	dividuals immediately responsible for obt	aining the info	ormatic	on, I be g false	ilieve t inform	hat the	<b>)</b>
submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	dividuals immediately responsible for obt b. I am aware that there are significant pe	aining the info	ormatio mittin	on, I be g false	ilieve t inform	hat the	<b>?</b>

CONTINUE ON PAGE 5

0 3

SO 12

80,000

20

<del>120,00</del>0 144,000

X-2|*T* 

1

3

4

6

7

8

9

10

 $\boldsymbol{E}$ 

G U

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDS	KILOGRAMSK
TONS	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

			A, EPA C. UN												D. PROCE	SSES			1.44			
	W	HAZARD.  B. ESTIMATED ANNUAL  WASTENO (enter code)		SI (e	MEA JRE inter ode)		w.	1	I. Pi		SS ( iter)	CODE	5		2. PROCESS DESCRIPTION (if a code is not entered in $D(1)$ )			)N ((1))				
X-1	K	1	0	5	4	900		P	T	0	3	D	8 0			1		W.		,		
X-2	L	) (	0	0	2	400		P	T	0	3	D	8 0		<u>, 1</u>	1			· · · · · · · · · · · · · · · · · · ·			
X-3	L	) (	0	0	1	100		P	T	0	3	D	8'0		1 1	. "	1					
X-4	1	7	0	0	2				T	T	T		1		1 1	1	1		inclu	ided	with abov	e .

Continued from page 2. Form Approved OMB No. 158-S80004 wave more than 26 wastes to list. NOTE: Photocopy this page before completing FOR OFFICIAL USE ONLY EPA ITD. NUMBER (enter from page 1) W DUP **W**M IV. DESCRIPTION OF HAZARDOUS WASTES (continued) M A EPA HAZARD. ZO WASTE NO JZ (enter code) C.UNIT OF MEA-SURE (enter code) D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) 1. PROCESS CODES 26 27 062 T 0 K 78,000 S 0 2 INCLUDED WITH ABOVE DO 4 26,000 11 :3 D | O 11 D O 16 4 5 D lo lo Ħ 8 DIO IO 6 Ħ DIOD 9 11 8 D 10 11 0 11 9 D 10 11 1 .10 Т 2 S 0 2 T 0 D lo lo 26,000 11 12 13 14 15 16 17 18

EPA Form 3510-3 (6-80)

19

20

21

22

23

24

25

26

**CONTINUE ON REVERSE** 

Continued from the front.		
IV. DESCRIPTION OF HAZARDOUS WAS	ntinued)	
E. USE THIS SPACE TO LIST ADDITIONAL PROC	CESS CODES FROM ITEM D(1) ON PAGE 3.	
	, ,	
		ļ
		1
		1
		1
		1
		1
-		•
		į
EPA I.D. NO. (enter from page 1)		ì
FMT D 074 259 565 76		i
V. FACILITY DRAWING		
All existing facilities must include in the space provided on	page 5 a scale drawing of the facility (see Instructions f	or more detail).
VI. PHOTOGRAPHS		
All existing facilities must include photographs (aeric	al or ground-levell that clearly delineate all evi	sting structures, existing storage
treatment and disposal areas; and sites of future stor	age treatment or disposal areas (see instructions	s for more detail).
VII. FACILITY GEOGRAPHIC LOCATION		
LATITUDE (degrees, minutes, & seconds)	) LONGITUBE	(degrees, minutes, & seconds)
63 66 87 68 69 7 71	72 -	78 78 78 77 - 79
VIII. FACILITY OWNER		
A, If the facility owner is also the facility operator as i	isted in Section VIII on Form 1, "General Information	", place an "X" in the box to the left and
skip to Section IX below.		
B. If the facility owner is not the facility operator as li	isted in Section VIII on Form 1, complete the following	ng items:
D. T. Mile (delinity print)		
1. NAME OF FACIL	ITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
C CONTRACTOR CERTIFICATION TO	· v a	212-021-1200
E PRESSURE VESSEL SERVICES. I	- <u>NU •</u>	55 56 - 58 59 - 61 62 - 65
3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST. 6. ZIP CODE
<u>e</u>		W.T. U. O. O. A. O.
F 6473 Anstell	G Detroit,	MII 4 8 2 1 1 3
IX. OWNER CERTIFICATION		
I certify under penalty of law that I have personally	and and and another with the information	submitted in this and all attached
documents, and that based on my inquiry of those in	exammed and am rammar with the imbimation adjuiduals immediately responsible for obtaining	the information I believe that the
submitted information is true, accurate, and complete	te. I am aware that there are significant penalties	s for submitting false information.
including the possibility of fine and imprisonment.		
	1 A	C. DATE SIGNED
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Gerald M. Groves	$ \alpha $	- May 26, 1983
derata M. droves	V perarof 1/1. I from	- 1709 0011100
X, OPERATOR CERTIFICATION		
I certify under penalty of law that I have personally	examined and am familiar with the information	submitted in this and all attached
documents, and that based on my inquiry of those in	ndividuals immediately responsible for obtaining	the information, I believe that the
submitted information is true, accurate, and comple	te. I am aware that there are significant penaltie	s for submitting false information,
including the possibility of fine and imprisonment.		
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Compld M Cmovos		
Gerald M. Groves  EPA Form 3510-3 (6-80)	PAGE 4 OF 5	CONTINUE ON PAGE 5

PAGE 4 OF 5

EPA Form 3510-3 (6-80)





#### WASTE ACID SERVICES

6520 GEORGIA DETROIT. MICHIGAN 48211

GERALD M. GROVES

President

October 23, 1984

Phone 313 571-7140

Mr. David Homer U.S.E.P.A.-Region V P.O. Box 35878 Chicago, IL 60690 RECEIVED

MID 074259 565 TRS, TSD, PAOCT 291984

EPA, REGION V

Dear Mr. Homer:

A <u>revised</u> RCRA-Part A application is being submitted at this time and is enclosed with this letter.

This revised Part A application <u>does not</u> reflect changes in processing methods nor in design capacity at Waste Acid Services. The information specified on the revised application is clarified below.

## Form 3, Page 1, Item III-C

Line 2.B.1.-Change "Process Design Capacity" from 120,000 to 144,000 gallons per day. Our previously revised Part A application specified 120,000 gallons per 20 hour day. This revised Part A specifies our design capacity based upon a 24 hour day.

## Form 3, Page 3, Item IV

Lines 3 through 10, A, B, C, D,-Add hazardous Waste types D004 through D011. Add additional estimated annual quantities of liquid solutions containing EP Toxic metals.

Please note that the design capacity specified on this revised Part A application is to <u>correct</u> the previously submitted information. We have not increased <u>our design</u> capacity during interim status.

Sincerty

P**∦**esident

GMG/dg Enclosures

WASTE ACID SERVICES

HAULERS OF WASTE ACIDS

Please print or type in the unshaded areas only fill—is areas are spaced for elite type, i.e., 12 charge ters linch	No.	1100742515	Form Approved OMB No. 1	58-R01763
CORM	ERAL INFORM	CTION AGENCY	I. EPA I.D. NUMBER	M/AFC
	nsolidated Permits F Jeneral Instructions	Program	F I DO 7 6 35	3 48 7 D
And the state of t		I for confirmation with grain	GENERAL INSTR	UCTIONS
THE TAXABLE	VHEN FILLING IN NAME	& ADDRESS.	it in the designated space, ation carefully; If any of i	Review the inform-
HE FACILITY NAME WASTE ACID S	ERVICES,	INC.	through it and enter the appropriate fill—in area be	low. Also, if any of
STREET ADDRESS:			the preprinted data is absoluteft of the label space li	sts the information
MAILING ADDRESS 6520 GEORGIA	1		that should appear), pleas proper fill—in area(s) belo complete and correct, you	ow, if the label is
CITY, STATE, & ZIP C	ODE:		Items I, III, V, and VI must be completed regard	except VI-B which
VI LOCATION DETROIT, MIC	HIGAN 48	3211	items if no label has been the instructions for deta	provided. Refer to
			tions and for the legal a which this data is collected.	
II. POLLUTANT CHARACTERISTICS	ngt nizer har artin georgia			
(NSTRUCTIONS: Complete A through J to determine we questions, you must submit this form and the supplement	hether you need to	submit any permit application	n forms to the EPA. If you and	wer "yes" to any
if the supplemental form is attached. If you answer "no"	to each question, y	ou need not submit any of the	se forms. You may answer "no	" if your activity
is excluded from permit requirements; see Section C of the	MARK X	o, Section 11 of the instruction	is for definitions of Doid—Taced	MARK'X
SPECIFIC QUESTIONS	YES NO ATTACHED		QUESTIONS (either existing or proposed)	YES NO ATTACHED
A is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	x	include a concentrated	animal feeding operation or on facility which results in a	x
C. is this a facility which currently results in discharges.	16 Sty 3 10 3	discharge to waters of the		19 20 21 21 E
to waters of the U.S. other than those described in A or B above? (FORM 2C)		in A or B above) which waters of the U.S.? (FOR	will result in a discharge to	X 25 26 27
E. Does or will this facility treat, store, or dispose of	X		ct at this facility industrial or the lowermost stratum con-	х
fisherdour wastes? (FORM:3)	20 IV 10		arter mile of the well bore, Irinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface			t at this facility fluids for spe- nining of sulfur by the Fresch	
in connection with conventional oil or natural gas pro- duction, inject fluids used for enhanced recevery of	X	process, solution mining	of minerals, in situ combus- covery of geothermal energy?	x
oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)  It is this facility a proposed stationary source which is	34 31 31 31	(FORM 4)		
one of the 28 industrial categories listed in the in- structions and which will potentially emit 100 tons	x	NOT one of the 28 ind	ustriel categories listed in the will potentially emit 250 tons	
per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an		per year of any air pollut	tant regulated under the Clean or be located in an attainment	X
attainment stee? (FORM.5) III. NAME OF FACILITY	5788 CAT \$5,045,022	area? (FORM 5)		BINAL PRESENT
· · · · · · · · · · · · · · · · · · ·				
IV FACILITY CONTACTS		de la de de la decembra de la companya del companya del companya de la companya d		· ·
A NAME & STITL BAIC II	M. & Hilar		, PHONE (drea code & no.)	
2 GROVES GERALD	PRES	IDENT 31	3 5 7 1 7 14 C	
Varadiburamatenovables is-				
6 5 2 0 G E O R G I A				
		38		
S T R O T T		C.STATE D. ZIP COI		
		MI   4 82 1		
(VE) A CHOUS (COST ON B)  (A) STREET ROUTE NO CHOCKER'S	eerikic isen iki			
6 5 2 0 GEORGIA				
8. CORNTY NAME				
WAYNE	T T T T			
C CHV ON 16WN		D.STATE E. ZIP CO	DE F. COUNTY CODE	
DETROIT		MI 4 82 1	1	
EPA Form 3510-1 (6-80)	28 1980	Same Barrier Lands A.	CONT	NUE ON REVERSE
	MODI ON		00.411	

CONTINUED FROM THE FRONT			, ,,
VII. SIC CODES (4-digit; in order of priority)		e sec	OND
(specify)	<u>c</u> 7	(specify)	THE THE CO. LEWIS CO. L. S. L. S. L. S.
SEE-XII - NATH	a so a many property and their to		
(specify)		(specify)	
THE RESIDENCE OF THE SECOND SE	* 4		- <del> </del>
VIH, OPERATOR INFORMATION			P. 4. In tomostores
			Connect A ship day
8 GERALD MARV	IN GROVES		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
C STATUS OF OFSHATOR (Eater the appr	opriate. They into the answer box; if "	Other", apecify.)	HONE (area code & no.)
F FEDERAL M PUBLIC Joiner than, S FSTATE 0 GTHER (specify)	(specify)	E E	3 1 <b>3</b> 57 1 71 4 0
P = PRIVATE	P.O. BOX		H . D IN STAFF IN UNI
.6.5. <b>2</b> 0G.E. O.R. G.I.A.			
FCITA OR TOW			
	<del>, , , , , , , , , , , , , , , , , , , </del>	STATE H. ZIP CODE IX. (N	facility located on todien eries?
DETROIT		MI   4 8 21 1	YES WIND
M/M: X. EXISTING ENVIRONMENTAL PERMITS		ICAN PER SECOND	
A REDES (Discharges to Sartice Water)	D. PSD (Air Emissions from Proj	oosed Sources)	
N A	9 P N A		
SECULO (Underground Mecition of Fluids)	E. OTHER (specify)	30	
N A	9	(specify)	NR
G RCBA (Buzastous Resies)	E OTHER (specify)	A color to find the Color of th	ept of Natural Resour
POO42 MICH	н 1 4 3	MICH (specify)	人。
		, D,N,R	
XII (144) Arigot (634) iksepplikanot (236) agapti eng			
the butting of the facility, the location of e	ach of its existing and proposed i	ntake and discharge structu	res, each of its hezardous waste
treatment, storage; or disposal facilities, and water bodies in the manages, See instruction	s for precise requirements	uncerground, injuride au s	HINGS, ELVERS BRIG OSTIBLE ALLTISCE
enengen bei beit ber bereit beiter	bitoti)		
1. TRANSPORTER - Engaged	in the OFF-SITE tra	nsportation of h	n <b>azardous was</b> te by
highway  2. STORAGE - Holding of h	azardous waste for	a tempory period	d, at the end of
which the ha	zardous waste is tr	eated, and dispo	sed of.
3. TREATMENT - Technique	or process, includi physical, chemical		
			neutralize such wast
or as to r	ender such waste no	n-HAZARDOUS.	
and the second second	A STATE OF THE STA		
ti i de la compania			
A. NAME & OFFICIAL TITLE (type or print)  Gerald M. Groves	B. SIGNATURE	1-20 11	C. DATE SIGNED
President	( Illald	1/1/ Shave	8/27/80
		S 2 4 5 5 5 6 5 6 5 6 5 6 6 6 6 6 6 6 6 6 6	

6520 GEORGIA DETROIT, MICHIGAN 48211

GERALD M. GROVES

Phone (313) 571-7140

c/o Mr. David Homer RCRA Activities

U.S.E.P.A. - Region V

P. O. Box 35873

Chicago, Il. 60690

May 26,1983

RECEIVED

MID 074 259 565 PA, & JUN 2 1983

Re: Revised Part A Application PASI WASTE MANAGEMENT BRANCH EPA, REGION V

Dear Mr. Homer:

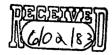
A revised Part A RCRA Application is being submitted in Frder to correct information submitted on the original Part A Application.

This revised Part A <u>does not</u> reflect changes in processing methods, nor design capacity, nor type of waste material being processed at this facility. The information specified on the attached revised Part A Application is clarified as follows.

Form 3, Page 1, Item I - The E.P.A. I.D. Number is corrected to show the EPA ID No. which was reassigned by the EPA in 1981.

Form 3, Page 1, Item III C, Line 1.B.1. - Change "Process Design Capacity" from 40,000 gallons to 80,000 gallons of storage in tanks (incorrect totals for storage capacity were submitted on the original Part A Application).

Line 2.B.1,2. - Change "Process Design Capacity" from "40,000 gallons" to "120,000 gallons per day" for treatment in tanks (the volumetric capacity of process tanks was originally reported rather than the <u>flow</u> rate design capacity in gallons per day, which is provided at this time).





Form III, Page 3, Item IV

Line 1.B,C,D.1 - Change "Estimated Annual Quantity,"

"Unit of Measure," and "Process Code" to: 78,000

ton per year, maximum estimated quantity of K062

stored in tanks prior to treatment in tanks

Lines 2-9.A,D.2 - Include hazardous waste E.P. Toxic Characteristics which may be contained in K062

Line 10.A.B,C,D.1 - Include D002 which is caustic used as neutralizing reagent, stored in tanks prior to neutralization in tanks

This information was submitted in August of 1981, to the Michigan Department of Natural Resources as part of our hazardous waste management facility operating license application as required by Michigan Act 64. This state Act required emergency containment of neutralization tank contents as specified in Act 64 Rule 425 (7) which states: "A treatment facility shall have the capacity to receive emergency transfer of all reactor contents and shall have emergency storage capacity to be used in the event of an equipment breakdown or malfunction." Tanks were procured and designed for this purpose.

I must reitterate at this time that <u>no</u> changes have been made in treatment processes, design capacity or type of hazardous waste handled at this facility during the period of interim status, November 19, 1980 to the present.

Singerely,

Gerald M. Groves

President

GMG/pf

I. PROCESSES (continued)		
	URING OTHER PROCESSES (and "TO	(2)
SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCR INCLUDE DESIGN CAPACITY.	TEING OTHER PROCESSES (code 10	* ). FOR EACH PROCESS ENTERED HERE!
	3 · · · · · )	•
WA		•
(A) (C)		
		•
		ı
. DESCRIPTION OF HAZARDOUS WASTES		
EPA HAZARDOUS WASTE NUMBER — Enter the four—digit handle hazardous wastes which are not listed in 40 CFR, Subpatics and/or the toxic contaminants of those hazardous wastes.	number from 40 CFR, Subpert D for a rt D, enter the four-digit number(s) fro	ach listed hazardous waste you will handle. If y m 40 CFR, Subpart C that describes the characte
ESTIMATED ANNUAL QUANTITY — For each listed waste or basis. For each characteristic or toxic contaminant entered in col which possess that characteristic or contaminant.	ntered in column A estimate the quanti lumn A estimate the total annual quantit	ty of that waste that will be handled on an ann y of all the non-listed waste(s) that will be hand

**ENGLISH UNIT OF MEASURE** METRIC UNIT OF MEASURE CODE POUNDS.....P KILOGRAMS, .... K 

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

codes are:

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wester that possess that characteristic or toxic contaminant,

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form,

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B.C. and D by estimating the total annual

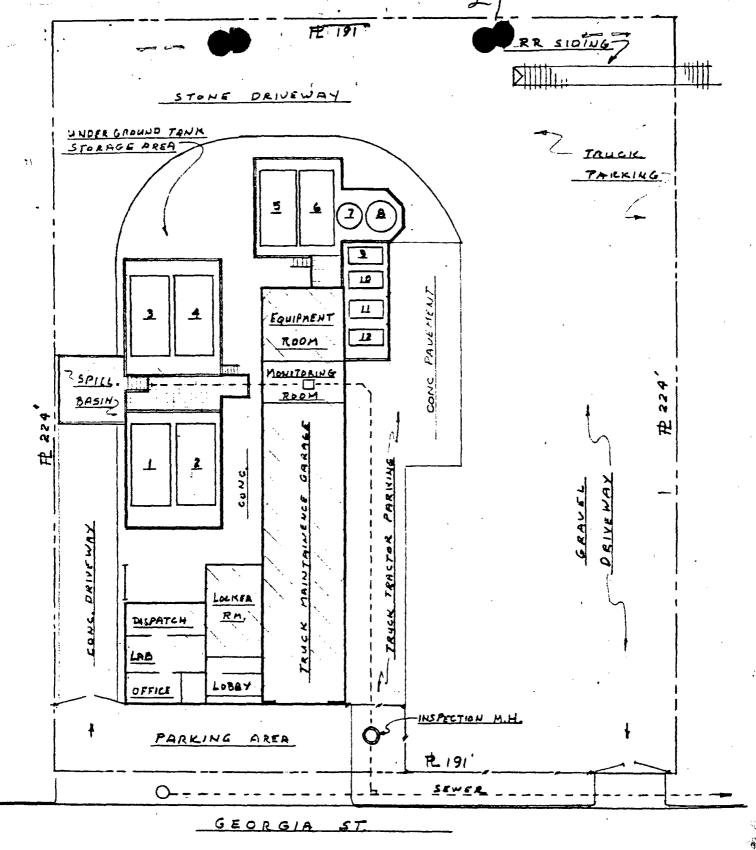
quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste, In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

				C. UNIT		D. PROCESSES												
Zo W		HAZARD. WASTENO (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA- SURE (enter code)			1.		ES: ente	S CODES		2. PROCESS DESCRIPTION (if a code is not entered in $D(I)$ )				
X-1	K	0	5	4	900	P	T	0	3 1	) 8	0		1 1					
X-2	D	0	0	2	400	P	T	0	3 1	) 8	0	· 1						
<b>X-3</b>	D	0	0	1	100	P	T	0	3 1	) 8 C	0	· · ·	1					
X-4	D	0	0	2				Ι Τ		ा ।		T		included with above				

Contin NOTE	ued : Ph	fro	om ( <i>eop</i>	page by th	2. is page before co	ompleting	av	e m	ore	than	26	wast	es to	_				(	Form Approved OMB No. 158-S80004
	EP	U	0	UM 7	BER (enter from	65 4		'	\			ι			D U		CIAI	L USÌ	TAC DUP
1 2					N OF HAZAI	13 14 18	TES	(co	nti		-	,							13 14 18 23 - 26
<u>u</u> .	H	A. AZ	EP.	AD.	B. ESTIMAT	ED ANNUAL OF WASTE	۰ ا	F M	SE.			•			ss c	005			D. PROCESSES
LINE	(e 23		r co	de)				(ent	e)	2.7				(en	ter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1)) 28
1	K		6	1 7	6,000	,000		(	1	T	0 1		1	· 	<u> </u>	<u> </u>		1 '	
2											·		· ·			_		1 T	
3										Ľ.					<u> </u>				
4										'	1			ı	'	1		, ,	
5										'	1					T.		<del></del>	
6					_		-			<b> </b>	ī		ī		1	-1		1 1	
7							1						1	r	1	1		1 1	
8										1	1		1	Г	-	-		1 1	
9										1	1		1			1		1 1	
10																1		T	
11							Ī			<b> </b>	<u> </u>		1	Γ	<del>                                     </del>	1		1 1	· · · · · · · · · · · · · · · · · · ·
12					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						7		1		,	1		7 1	
13											T		1	Γ	<del>                                     </del>			1 1	
14										1	1		1			1		т т	·
15										1	J		T					1 1	
16						,					T.		1 1	ľ		<u> </u>		1 1	
17	Ì												77			7		T )"	
18													Т			<del></del>		T 7	
19													TT			1		T	
20											1		T 1					T	
21													T-1			——————————————————————————————————————		1 1	
22									-				T-1			· I			
23											Ţ -		T - 1					T	
24													1 1			7			
25											····I		7 7					т т	
26	23			26 7	7	. 35		36			- 26	1	; T			29	1	- 2	
EPA F	•	- 01	-40	0 10													_		CONTINUE ON DEVENO



# ABOUE GROUND TANKS:

#9,10,11, \$ 12

1-2000 GAL, CAUSTIC STORAGE

2- " " " " "

3 · 20 000 GAL, "TREAT-TANKS" (NEUTHRALIZING)

4- " " " " " " "

5 · 15000 GAL CAUSTIC STORAGE

6- " " " " " "

7 - 10000 GAL, SPACE

8 - 10000 GAL, FUEL OIL

4000 GAL TANKS - UNUSED.

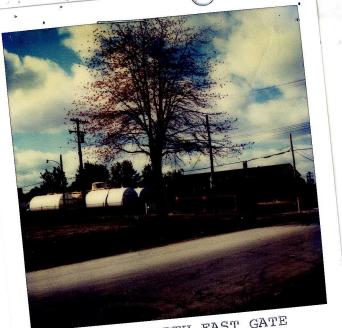
#### NOTE:

TANKS LOCATED UNDER THE
ABOUE GROUND TANK STORAGE
AREA. PARTIALLY IN-ACTIVE

SCALE 1" = 30'

WASTE ACID SERVICES 6520. GEORGIA ST. DETROIT, MICH. SEPT. 80





GEORGIA ST. NORTH EAST GATE SHOWING STORAGE TANKS & TREATMENT TANKS



FRONT VIEW OF BUILDINGS & PARKING LOT FROM GEORGIA ST. NORTH WEST CORNER from GEORGIA ST.



NEWLY PURCHASED LOT AJOINING
NORTHEAST CORNER OF PROPERTY
NORTHEAST CORNER OF SHERWOOD &
NEW ( PARKING LOT) GEORGIA



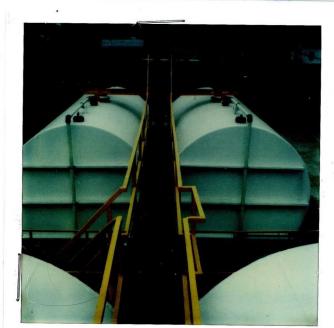
LOOKING EAST 2 STORAGE TANKS - 20,000 gal cap.
2 TREATMENT TANKS - 20,000 gal

#### WASTE ACID SERVICES

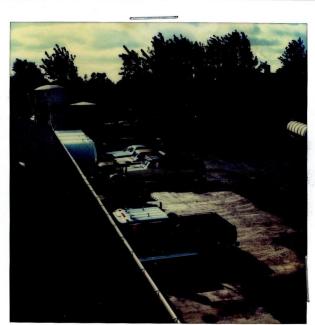
P.O. BOX 8138 · DETROIT, MICHIGAN 48213

GERALD M. GROVES
President





LOOKING NORTH 2 TREATMENT TANKS - 20,000 gal
capacity



South west corner of parking lot 4 small TANKS ALSO UPRIGHT FUEL (DIESEL) STORAGE TANK



WASTE ACID SERVICES

SOUTH WEST CORNER OF PARKING LOT 4 (UNSED) 4,000 gal TANKS
VERTICAL 8,000 gal DIESEL FUEL TANK

## WASTE ANALYSIS PLAN

265.13(b) A detailed chemical and physical analysis must contain all information known to treat, store or dispose of waste handled.

Tank truck unloads (spent sulphuric) (H<sub>2</sub>SO<sub>11</sub>) (UN 1832) waste acid into above ground storage tanks. A sample has been taken by the driver, which he brings into the office. This sample is then tested by running a titration test, checking for the percentage of acid content. The acid percent is written on each sample along with the date and Generators name. (This is also noted on each invoice and noted in our daily log book.) A base chemical is added such as (Pot ash caustic soda (UN 1824)(KOH), lime slurry (UN 1907) or soda ash,) to the waste acid and agressively activated by an air sparger, until thoroughly mixed to obtain a desirable PH balance. The resulting liquid mixture is released from the neutralizing tanks into the city sewer. Solid dropout materials resulting from neutralizing the acid are perodically recovered from the tanks, and hauled to an approved solid waste dump, all discharges into the sewer system are monitored by a PH balance detector, located in the sewer discharge line.

A four foot diameter inspection manhole is provided, at the property line, for final checking of the effluent discharging into the city sewer, which is monitored by the city.

35

#### CONTINGENCY PLAN AND EMERGENCY PROCEDURES

265.50 Applicability

YES

# 265.51 Purpose and implementation of contingency plan:

The owner has prepared a plan to be carried out immediately that will minimize hazards to human health or the environment from fires, explosions or release of hazardous waste to air, soil or water.

# 265.52 Content of contingency plan:

The contingency plan includes the following actions to be implemented in response to fires, explosions or release of hazardous waste:

# 265.37 (a) Arrangements with local authorities:

- 1. The Detroit Fire and Police Departments visited the site and have agreed to respond to any emergency call that is received. They have been informed of the type of waste materials being trucked to and treated at the plant. Methods of controlling potential hazards have been reviewed and agreed upon. SPCC plans and drawings have been made available to Fire and Police Departments thus familiarizing them with the plant layout including buildings, equipment and tank storage facilities. The exits are well defined permitting quick evacuation onto Georgia Street.
- 2. The primary authority for handling emergency responses will be the Detroit Fire and Police details that come to the site.

3. The state emergency response teams have been alerted and agreed to respond to all emergency calls. See SPCC plan for names. Neighboring contracting companies on Georgia Street have agreed to make available trucks, dozers and other construction equipment on call.

4. St. Joseph Mercy Hospital 2200 E. Grand Blvd. Tel. No. 923-5700

> Holy Cross Hospital 4777 E. Outer Drive Tel. No. 369-9100

These hospitals have been contacted and made aware of the properties of the hazardous waste handled at the facility and the types of injuries or illnesses that could result from fires, explosions or releases.

5. Local authorities have been cooperative in the program.

- 265.37 (b) Owner has prepared and implemented a SPCC which was amended to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this part.
  - (c) See arrangements with local authorities.
  - (d) Following are the names of qualified persons who will act as emergency coordinators (per 265.55 & 265.56):

# Primary Coordinator

Gerald M. Groves 13311 Spruce Southgate, MI

571-7140

923-7266

## Alternate Coordinators

Robert H. Pepi <b>n</b> n	255 <b>-77</b> 40
11724 Grayfield	923-7266
Redford, MI	
Mark Groves	1-731-0895
8747 Wilray	923 <b>-</b> 7266
Utica, MI	

# Emergency Coordinator and Emergency Procedures:

The emergency coordinator is familiar with all aspects of the operation and has been trained by experience and execution of simulated accidents to carry out duties outlined in the SPCC plan and the contingency plan. This includes procedures and methods of sounding alarms and reporting information to Fire and Police departments, city, state and federal authorities, as outlined on directions in the contingency plan and posted on the bulletin boards of the office and plant.

The coordinator will evaluate and identify the character of the accident and determine the extent of possible hazards to human health or the environment that may result from the release, fire or explosion.

# 265.37 (e) Following is a list of emergency equipment at facility:

# 1. Fire extinguishers

- 2. 12" water hose connect to city water
- 3. Pick-up truck
- 4. Tanker trucks (10)
- 5. Pumps located on trucks
- 6. Pumps located on site (2)
- 7. Front loaders and bulldozers located across Georgia St.
- 8. Spill basin (See SPCC plan)
- 9. Dikes around all tanks (See SPCC plan)
- 10. Scott Air Pac

## Communications and Alarms:

- 1. Internal Two way public address system between office and plant area.
- 2. Emergency sound alarm with activator buttons Located in plant building, yard loading and unloading area and office.
- 3. Voice and signal contact between office and yard.
- 4. External Via Telephone
- 5. Decontamination equipment consists of showers in buildings and water hoses in the plant.

# 265.37 (f) Evacuation Plan:

Emergency signals are transmitted by visual motions, voice, emergency sound alarm system and public address system. "Fire drill" types of exercises have been practiced to guide personnel off the property onto

#### EMERGENCY PROCEDURES

265.56	Emergency coordinator will activate all personnel on
	facility. If he determines the facility has had a
	release, fire or explosion which could threaten
	human health or the environment he will immediately
	notify the following:

1.	Detroit Police Department	911_
2.	Detroit Fire Department	911
3.	Owner of facility (operator)	571-7140
4.	Government officials DNR	517-373-7660
5.	National Response Center	800-424-8802

6. State hazardous waste control contractors (See SP66 plan)

## Report

When making contact with city, state and federal agencies the report must include:

- 1. Name and phone number of reporter.
- 2. Name and address of facility.
- 3. Time and type of incident (release, fire etc.).
- 4. Name and estimated quantities of materials involved.
- 5. Extent of injuries, if any.
- 6. Possible hazards to human health, or environment, outside of facility.

During an emergency the coordinator must exercise all forces to contain on-going release, fire, explosions to ensure hazard does not spread to other facilities

Georgia Street or to alternate adjacent property escape routes if emergency arises.

# 265.53 Copies of contingency plan:

- (a) Contingency plan is maintained at facility.
- (b) Contingency plan was submitted to local Fire and Police Departments and local emergency response teams.

# 265.54 Amendment of contingency plan:

Plan will be amended when necessary per 265.54.

and adjacent areas.

Coordinator must monitor for leaks, pressure buildups, gas generation or other ruptures that may lead to additional disasters.

When emergency has been controlled, coordinator will provide for treating, storing or disposing of recovered waste materials, contaminated soil or surface water.

Owner must comply with all requirements for disposal of clean-up materials as outlined in Title 40, 265.70 including a written report as noted.

#### SUMMARY:

The owner is to become familiar with the rules as outlined in Title 40 "Protection of the Environment" and judiciously review these rules with his responsible operating personnel. All plant personnel will be made familiar with the contingency plan and kept abreast of emergency procedures through monthly briefings and drills led by the chief coordinator.

## JOB CLASSIFICATION AND REQUIREMENTS

# Gerald Groves, President - Primary Emergency Coordinator

Responsible for overall operation of facilities, personnel and rolling equipment. He sets guide lines for on-the-job training of employees that teaches them to perform their duties in a way that ensures the facilities compliance with the requirements of the contingency plan. The facility personnel are instructed in the handling of emergency equipment and taught to respond effectively to emergencies relating to potential releases, fires or explosions. In the event an emergency does occur Mr. Groves would initiate and direct the implementation of the contingency plan to reduce or minimize the danger to human health and environment.

# Robert Pepion, Plant Manager - 1st Alternate Coordinator

Responsible for operation of facility, personnel and rolling equipment when the President, Mr. Groves, is away from the facility. The plant manager assists the President in on-the-job training of all personnel including handling instructional duties in teaching hazardous waste management procedures. In an emergency the plant manager will notify the President of the company, Police and Fire Departments, local emergency response teams, state and federal authorities. He directs placement of personnel needed to minimize the emergency. He would head the group in the cleaning up all hazardous waste due to the emergency and make proper reports as denoted in the contingency plan.

# Mark Groves, Maintenance - 2nd Alternate Emergency Coordinator

Responsible for condition of storage and treatment tanks located on the facility. In an emergency he would close all valves and stop all treatment and disposal operations. He would assist the mechanics in the garage and aid in moving rolling stock away from the emergency area. In case of an emergency he would notify the President of the company and follow the procedures covered in the contingency plan.

#### Chris Groves, Mechanic

Responsible for the readiness of the equipment and rolling stock. He has been trained to assist the coordinators in implementing the contingency plan.

# Truck drivers:

Each driver is responsible for his own equipment (truck and trailer). If possible he will clear equipment from emergency area and stand ready to assist the coordinators in minimizing the emergency.

Night Supervisor, William Felton

He would call emergency coordinator and follow instructions accordingly.

# Security Guard, Paul Groves

After hours he would call emergency coordinator and follow instructions.

RECEIVED DFC 23 1980

ENFORCEMENT DIVISION EPA-REGION V

# WASTE ACID SERVICES, INC. 6520 Georgia Street Detroit, MI 48211

# President Gerald M. Groves

313-571-7140

December 17, 1980

Sandra S. Gardebring Director, Enforcement Division Evironmental Protection Agency Region V 230 South Dearborn St. Chicago, Illinois 60604

ATTENTION: 5EWHME

Re: Compliance order
Waste Acid Service

Dear Ms. Gardebring,

Attached is our response to the compliance order covering the findings listed in your letter of December 5, 1980. Also enclosed is a copy of our expanded Contingency Plan which has now become part of our SPCC plan.

cc: Mr. Howard Tanner, Director Michigan Dept of Natural

Resources

1 . 19111

Sincerely.

Geraid M./Groves

President

December 17, 1980 TO: UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION V SUBJECT: DOCKET NO. V-W-81-R-012 WASTE ACID SERVICE 6520 Georgia DETROIT, MICHIGAN EPA ID NO. MI D 076393487 The facility is a hazardous waste transporter and storage facility as defined by 40 C.F.R. 260.10 (a). 2. United States Environmental Protection Agency inspection on November 20, 1980 observed the following hazardous wastes to be

- in storage:
  - Corrosive waste, characterized by hazardous waste number D002 a.
  - Spent pickle liquor from steel finishing operations, characterized by hazardous waste number K062.
- 3. The owner/operator has prepared a written waste analysis plan as required by 40 C.F.R. 265.13 (b). See Attached.
- Pursuant to 40 C.F.R. 265.14 (c) owner/operator has posted signs at entrances and other locations that read as follows: "Danger-Unauthorized Personnel Keep Out"
- 5. Pursuant to 40 C.F.R. 265.15(b) the owner/operator has provided a log-book in which daily inspections of equipment and devices are recorded, including date and time of inspection, condition of equipment, integrity of all containers and containing devices, notation of repairs to facility and recommendations that are important to preventing, detecting and responding to environmental or human health hazards. The daily log is signed by the inspector.
- Pursuant to 40 C.F.R. 265.16(d) a written job description has been prepared. See Attached.

- 7. Pursuant to 40 C.F.R. 265.32(a) the owner/operator has provided the following communication and alarm systems capable of providing immediate emergency instructions to facility personnel:
  - a. Two-way electronic public address system between dispatch office and yard facilities.
  - b. Visual and voice signals are appropriate because of proximity of plant and office.
  - c. Emergency sound alarm signal with activation positions located strategically through out facility.
- 8. Pursuant to 40 C.F.R. 265.32(b) the owner/operator has installed a telephone which is immediately available at the scene of operations capable of summoning emergency assistance from local police, and fire departments, or state or local response teams.
- 9. Pursuant to 40 C.F.R. 265.37 the owner/operator has made arrangements with local authorities to coordinate emergency services. See attached contingency plan.
- 10. Contingency Plan. The owner/operator has operated under a SPCC plan since 1976. Subject plan has been expanded to include 40 C.F.R. 265.52(d)(f) requirements. See copy of attached contingency plan.
- 11. A copy of the contingency plan and all revisions to the plan are maintained at the facility and submitted to local emergency organizations pursuant to 40 C.F.R. 265.53.

# ORDER

The owner/operator has complied with the Findings outlined in Docket number V-W-81-R-012 and has taken the noted corrective actions within the specified time for achieving same with Subtitle C of RCRA, Section 3005, 42 U.S.C. 6925 and regulations 40 C.F.R. Parts 265.13(b), 265.14(c), 265.15(b), 265.16(d), 265.32(a) & (b), 265.37, 265.52(d) & (f), and 265.53.